



ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ

ವಿಷಯ: ಸಾರ್ವತ್ರಿಕ ಆರೋಗ್ಯ ರಕ್ಷಣಾ ಯೋಜನೆ, ಆರೋಗ್ಯ ಕರ್ನಾಟಕ - ಆಡಳಿತಾತ್ಮಕ ಅನುಮೋದನೆ ಮತ್ತು ಅನುಷ್ಠಾನ ಮಾರ್ಗಸೂಚಿಗಳು

ಓದಲಾಗಿದೆ:

- 1) ಕರ್ನಾಟಕ ಸಮಗ್ರ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ನೀತಿ 2017

http://www.karnataka.gov.in/hfw/kannada/Documents/Karnataka_Integrated_Public_Health_Policy_2017.PDF

- 2) ಕರ್ನಾಟಕ ಮುನ್ನೋಟ 2025 ಡಾಕ್ಯುಮೆಂಟ್

https://navakarnataka2025.in/site/sites/default/files/health%20and%20nutrition_10th%20Jan.pdf

- 3) ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ನೀತಿ 2017

<https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf>

ಪ್ರಸ್ತಾವನೆ:

1. ಮೇಲಿನ ಉಲ್ಲೇಖ (1)ರಲ್ಲಿ ಓದಲಾದ 2017ರ ಕರ್ನಾಟಕ ಸಮಗ್ರ ಆರೋಗ್ಯ ನೀತಿಯು, ಆರೋಗ್ಯವನ್ನು ಎಲ್ಲಾ ಪ್ರಗತಿಪರ ಕಾರ್ಯನೀತಿಗಳು ಒಳಗೊಂಡಂತೆ ಸರ್ವರಿಗೂ ಗುಣಮಟ್ಟದ ಮತ್ತು ಕೈಗೊಳ್ಳುವ ಆರೋಗ್ಯ ಪಾಲನಾ ಸೇವೆಗಳನ್ನು ಒದಗಿಸುವ ಮೂಲಕ ರೋಗ ತಡೆಯುವಿಕೆ, ರೋಗ ಪರಿಹರಿಸುವಿಕೆ ಮತ್ತು ಆರೋಗ್ಯ ಆರೈಕೆ ಮರುಸ್ಥಾಪಿಸುವಿಕೆಯ ಸಮಗ್ರ ಆರೋಗ್ಯ ಪಾಲನಾ ದೃಷ್ಟಿಕೋನದೊಂದಿಗೆ ರಾಜ್ಯದ ಎಲ್ಲಾ ಜನರ ಆರೋಗ್ಯ ಮತ್ತು ಯೋಗಕ್ಷೇಮವನ್ನು ಸಾಧ್ಯವಾದಷ್ಟು ಅತ್ಯುನ್ನತ ಮಟ್ಟಕ್ಕೆ ಕೊಂಡೊಯ್ಯುವ ಉದ್ದೇಶಗಳನ್ನು ಹೊಂದಿದೆ. ವಿಮಾ ಯೋಜನೆಗಳ ಕಾರ್ಯಕ್ಷಮತೆಯನ್ನು ವೃದ್ಧಿಸುವುದಕ್ಕಾಗಿ ಬಿಡಿಬಿಡಿಯಾಗಿ ಚದುರಿರುವ ಎಲ್ಲಾ ಸಾಮಾಜಿಕ ಆರೋಗ್ಯ ವಿಮಾ ಯೋಜನೆಗಳನ್ನು ಒಂದೇ ಆರೋಗ್ಯ ಭರವಸೆ ಯೋಜನೆಯಡಿ ವಿಲೀನಗೊಳಿಸುವುದನ್ನು ಈ ನೀತಿಯು ಮುಂಗಾಣುತ್ತದೆ. ಜೊತೆಗೆ, ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂರಕ್ಷಣೆಯನ್ನು ಗಮನದಲ್ಲಿಟ್ಟುಕೊಂಡು ಅತ್ಯುನ್ನತ ಗುಣಮಟ್ಟದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸೇವೆಗಳನ್ನು ಖಾತ್ರಿಪಡಿಸುವುದಕ್ಕಾಗಿ ಸರ್ಕಾರವು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಕ್ಷೇತ್ರವನ್ನು ಬಲಗೊಳಿಸುತ್ತಾ ಹಾಗೂ ಅಗತ್ಯವಿದ್ದಾಗಲೆಲ್ಲಾ ಖಾಸಗಿ ಸೇವೆಗಳನ್ನು (ಲಾಭರಹಿತ) ಬಳಸಿಕೊಳ್ಳುತ್ತಾ ಬಲಿಷ್ಠ ಮತ್ತು ಉರ್ಜಿತ ಹಣಕಾಸು ಯಂತ್ರಾಂಗಗಳನ್ನು ಅಭಿವೃದ್ಧಿಪಡಿಸಬೇಕೆಂದು ಈ ನೀತಿಯು ನಿರೀಕ್ಷಿಸುತ್ತದೆ.
2. ಉಲ್ಲೇಖ (2)ರಲ್ಲಿ ಓದಲಾದ 2025ರ ಕರ್ನಾಟಕ ಮುನ್ನೋಟ ದಸ್ತಾವೇಜು, ಕರ್ನಾಟಕದ ಎಲ್ಲಾ ಜನರಿಗೆ ಸಮಾನವಾದ, ಕೈಗೊಳ್ಳುವ, ಸಮರ್ಥವಾದ, ಗುಣಮಟ್ಟದ ಹಾಗೂ ಒಳ್ಳೆಯ ಆಡಳಿತಾತ್ಮಕವಾಗಿ ಕಾರ್ಯನಿರ್ವಹಿಸುವ ಸಾರ್ವತ್ರಿಕ ಆರೋಗ್ಯ ರಕ್ಷಣೆಯನ್ನು ಸಾಧಿಸಬೇಕೆಂಬುದನ್ನು ಹೇಳುತ್ತದೆ. ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಆರೈಕೆ ವ್ಯವಸ್ಥೆಯನ್ನು ಸುಧಾರಿಸುವ ಮೂಲಕ ವಿಶ್ವಸಾರ್ವತ್ರಿಕ, ಕ್ಷಮತೆ ಮತ್ತು ಪರಿಣಾಮಕಾರಿತ್ವವನ್ನು ಹೆಚ್ಚಿಸುವುದಕ್ಕಾಗಿ ಅದನ್ನು ಬಲಗೊಳಿಸಿ, ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ವಸ್ತುನಿಷ್ಠ ಮತ್ತು ಪಾರದರ್ಶಕ ನಿಯಂತ್ರಣ ಮತ್ತು ನಿಯಂತ್ರಣ ಯಂತ್ರಾಂಗಗಳನ್ನು ಸ್ಥಾಪಿಸುವ, ಹಾಗೂ ಸೇವಾ ವಿತರಣೆಯ ದೃಷ್ಟಿಕೋನದಿಂದ ಕ್ಷೇತ್ರ ನಿರ್ವಹಣೆಗಾಗಿ ತಂತ್ರಜ್ಞಾನವನ್ನು ಬಳಸುವ ಮೂಲಕ ಈ ಗುರಿಯನ್ನು ಸಾಧಿಸುವ ಉದ್ದೇಶವನ್ನು ಈ ದಸ್ತಾವೇಜು ಹೊಂದಿದೆ.
3. ಉಲ್ಲೇಖ (3)ರಲ್ಲಿ ಓದಲಾದ ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ನೀತಿಯು, ಉತ್ತಮ ಗುಣಮಟ್ಟದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳು ಎಲ್ಲರಿಗೂ ಕೈಗೊಳ್ಳಬೇಕೆಂದು ಹಾಗೂ ಅಂತಹ ಸೇವೆಗಳನ್ನು ಪಡೆಯುವುದಕ್ಕೆ ಯಾರೊಬ್ಬರಿಗೂ ಹಣಕಾಸಿನ ಸಮಸ್ಯೆ ಎದುರಾಗಬಾರದು ಎಂದು ಆಶಿಸುತ್ತದೆ. ಈ ನೀತಿಯು ಈ ಕೆಳಗಿನವುಗಳನ್ನು ಕಲ್ಪಿಸುತ್ತದೆ.
 - i. ಸಂತಾನೋತ್ಪತ್ತಿ, ಬಾಣಂತನ, ಮಗುವಿನ ಆರೈಕೆ ಮತ್ತು ಕಿಶೋರಾವಸ್ಥೆಯ ಆರೋಗ್ಯಕ್ಕೆ ಹಾಗೂ ಜನರಲ್ಲಿ ಸರ್ವಸಾಮಾನ್ಯವಾಗಿ ಕಾಣಿಸಿರುವ ಸಾಂಕ್ರಾಮಿಕ, ಅಸಾಂಕ್ರಾಮಿಕ ಮತ್ತು ಔದ್ಯೋಗಿಕ ರೋಗಗಳು ಮುಂತಾದ ಸಮಗ್ರ ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಸೇವೆಗಳು ಎಲ್ಲರಿಗೂ ಉಚಿತವಾಗಿ ಸಿಗುವಂತೆ ನೋಡಿಕೊಳ್ಳುವುದು.
 - ii. ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆಗಳ ಮೂಲಕ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಆರೈಕೆಗಳ ಸೇವೆಗಳ ಕೊರತೆ ಇದ್ದ ಕಡೆ ಖಾಸಗಿ ಸಂಸ್ಥೆಗಳಿಂದ ಅದರಲ್ಲೂ ವಿಶೇಷವಾಗಿ ಲಾಭರಹಿತ ಸೇವೆಯನ್ನು ನೀಡುವ ಖಾಸಗಿ ಸಂಸ್ಥೆಗಳಿಂದ ಅಗತ್ಯ ಸೇವೆಗಳನ್ನು ಕಾರ್ಯತಂತ್ರದೊಂದಿಗೆ ಖರೀದಿಸುವ ಮೂಲಕ ಗುಣಮಟ್ಟದ ದ್ವಿತೀಯ ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳು ಕೈಗೊಳ್ಳುವ ದರದಲ್ಲಿ ಎಲ್ಲರಿಗೂ ಸಿಗುವಂತೆ ಖಾತ್ರಿಪಡಿಸುವುದು.
 - iii. ಜನರು ಆರೋಗ್ಯ ಸೇವೆಗಳಿಗಾಗಿ ತಮ್ಮ ಜೇಬುಗಳಿಂದ ಖರ್ಚು ಮಾಡುವುದನ್ನು ಆದಷ್ಟು ಕಡಿಮೆ ಮಾಡುವುದು ಹಾಗೂ ಕುಟುಂಬಗಳು ಗಂಭೀರ ಖಾಯಿಲೆಗಳ ಚಿಕಿತ್ಸೆಗೆ ದೊಡ್ಡ ಮೊತ್ತದ ಹಣವನ್ನು ಖರ್ಚು ಮಾಡುವುದನ್ನು ಮತ್ತು ಅದರ ಪರಿಣಾಮವಾಗಿ ಬಡತನದ ಕೂಪಕ್ಕೆ ಬೀಳುವುದನ್ನು ಆದಷ್ಟು ಕಡಿಮೆ ಮಾಡುವುದು.
4. ಕರ್ನಾಟಕ ಸರ್ಕಾರವು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ ಅಡಿಯಲ್ಲಿ ಕಾರ್ಯನಿರ್ವಹಿಸುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ಮೂಲಕ ಹಾಗೂ ಸರ್ಕಾರಿ ವೈದ್ಯಕೀಯ ಕಾಲೇಜುಗಳಿಗೆ ಸೇರಿಕೊಂಡಿರುವ ಬೋಧಕ ಆಸ್ಪತ್ರೆ ಹಾಗೂ ತಜ್ಞ ಕೇಂದ್ರಗಳ ಮೂಲಕ ಕರ್ನಾಟಕ ಸರ್ಕಾರವು ಸಾರ್ವಜನಿಕರಿಗೆ ಹಲವಾರು ಆರೋಗ್ಯ ಸೇವೆಗಳನ್ನು ನೀಡುತ್ತಿದೆ. ಈ ಸಂಸ್ಥೆಗಳು, ಆಸ್ಪತ್ರೆಗಳು ಮತ್ತು ಕೇಂದ್ರಗಳು (ಇವುಗಳನ್ನು ಇನ್ನುಮುಂದೆ ಸಮಷ್ಟಿಯಾಗಿ ಪಿಎಚ್‌ಐ ಎಂದು ಕರೆಯಲಾಗುವುದು) ವರ್ಷಕ್ಕೆ ಸುಮಾರು 687 ಲಕ್ಷ ರೋಗಿಗಳಿಗೆ ಸುಮಾರು 3000

ಬಗೆಯ ಚಿಕಿತ್ಸೆಗಳನ್ನು ನೀಡುತ್ತಿವೆ. ಆಸ್ಪತ್ರೆಯಾಧಾರಿತ ಈ ಸೇವೆಗಳು ಪ್ರತೀ ವರ್ಷ 41 ಲಕ್ಷ ಒಳರೋಗಿಗಳಿಗೆ ನೀಡುವ ಚಿಕಿತ್ಸೆಗಳನ್ನು, 2.4 ಲಕ್ಷ ಪ್ರಮುಖ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗಳನ್ನು ಹಾಗೂ 2.7 ಲಕ್ಷ ಲಘು ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಗಳನ್ನು ಮತ್ತು 5.7 ಲಕ್ಷ ಮಕ್ಕಳ ಹರಿಗೆ ಸೇವೆಗಳನ್ನೂ ಒಳಗೊಂಡಿವೆ.

5. ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಲಭ್ಯವಿರುವ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳ ಜೊತೆಗೆ ದ್ವಿತೀಯ ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳನ್ನು ಒದಗಿಸುವುದಕ್ಕೆ ರಾಜ್ಯ ಸರ್ಕಾರವು ಈ ಕೆಳಕಂಡ ಆರೋಗ್ಯ ಭರವಸೆ ಮತ್ತು ಆರೋಗ್ಯ ವಿಮಾ ಯೋಜನೆಗಳನ್ನೂ ಸಹ ಅನುಷ್ಠಾನಗೊಳಿಸುತ್ತಿದ್ದು ಅವುಗಳಲ್ಲಿ ಕೆಲವೊಂದಕ್ಕೆ ಭಾರತ ಸರ್ಕಾರದ ನೆರವನ್ನು ಮತ್ತು ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳ ಪಾಲಿಗಾರಿಕೆಯನ್ನು ಪಡೆಯಲಾಗುತ್ತಿದೆ:

- ಸಹಕಾರ ಸಂಸ್ಥೆಗಳ ಸದಸ್ಯರಿಂದ ವಾರ್ಷಿಕ ವಂತಿಗೆ ಪಡೆದು ಅವರಿಗೆ ಮತ್ತು ಅವರ ಕುಟುಂಬದವರಿಗೆ ನಿರ್ದಿಷ್ಟವಾದ ದ್ವಿತೀಯ ಮತ್ತು ತೃತೀಯ ಹಂತದ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯ ಸೇವೆಗಳನ್ನು ಒದಗಿಸುವ 'ಯಶಸ್ವಿನಿ ಯೋಜನೆ'.
- ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಗಿನ ಕುಟುಂಬಗಳಿಗೆ ಸೇರಿದ ವ್ಯಕ್ತಿಗಳಿಗೆ ಉಚಿತವಾಗಿ ನಿರ್ದಿಷ್ಟವಾದ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆಯನ್ನು ಒದಗಿಸುವ "ವಾಜಪೇಯಿ ಆರೋಗ್ಯಶ್ರೀ" ಯೋಜನೆ;
- ಬಡತನ ರೇಖೆಯ ಮೇಲಿರುವ ವ್ಯಕ್ತಿಗಳಿಗೆ ಸಹ-ಪಾವತಿ ಆಧಾರದ ಮೇಲೆ ನಿರ್ದಿಷ್ಟವಾದ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆಯನ್ನು ನೀಡುವ 'ರಾಜೀವ್ ಆರೋಗ್ಯ ಭಾಗ್ಯ' ಯೋಜನೆ;
- ಬಡತನ ರೇಖೆಗಿಂತ ಕೆಳಗಿನ ಕುಟುಂಬಗಳಿಗೆ ಹಾಗೂ ಅಸಂಘಟಿತ ಕ್ಷೇತ್ರಗಳಲ್ಲಿ ಕೆಲಸ ಮಾಡುವ ವ್ಯಕ್ತಿಗಳು ಮತ್ತು ಅವರ ಕುಟುಂಬ ಸದಸ್ಯರುಗಳಿಗೆ ಉಚಿತವಾಗಿ ನಿಗದಿತ ದ್ವಿತೀಯ ಹಂತದ ಚಿಕಿತ್ಸೆಗಳನ್ನು ಮತ್ತು ಆ ಕುಟುಂಬಗಳ ಹಿರಿಯ ನಾಗರಿಕರಿಗೆ ನಿಗದಿತ ತೃತೀಯ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಯನ್ನು ಒದಗಿಸುವ 'ರಾಷ್ಟ್ರೀಯ ಸ್ವಾಸ್ಥ್ಯ ಭೀಮಾ ಯೋಜನೆ' (RSBY);
- ಅಂಗನವಾಡಿಯ ಮಕ್ಕಳಿಗೆ, ಸರ್ಕಾರ ಮತ್ತು ಅನುದಾನಿತ ಶಾಲೆಯಲ್ಲಿನ 18 ವರ್ಷ ವಯಸ್ಸಿನವರೆಗಿನ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಉಚಿತವಾಗಿ ನಿಗದಿತ ದ್ವಿತೀಯ ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆಯನ್ನು ಒದಗಿಸುವ 'ರಾಷ್ಟ್ರೀಯ ಬಾಲ ಸ್ವಾಸ್ಥ್ಯ ಕಾರ್ಯಕ್ರಮ' (RBSK)
- ರಸ್ತೆ ಅಪಘಾತಗಳ ಸಂತ್ರಸ್ತರಿಗೆ ತುರ್ತು ಆರೋಗ್ಯ ಆರೈಕೆಯನ್ನು ಒದಗಿಸುವ 'ಮುಖ್ಯಮಂತ್ರಿ ಸಾಂತ್ವನ ಹರೀಶ್ ಯೋಜನೆ'.
- ಆತ್ಮಹತ್ಯೆಗೆ ಒಳಗಾದ ರೈತರ ಕುಟುಂಬದ ಅವಲಂಬಿತ ಸದಸ್ಯರಿಗೆ ಆರೋಗ್ಯ ಆರೈಕೆಯನ್ನು ಒದಗಿಸುವ ಇಂದಿರಾ ಸುರಕ್ಷಾ ಯೋಜನೆ;
- ಸರ್ಕಾರಿ ನೌಕರ/ಸೇವಕರಿಗೆ ಮತ್ತು ಅವರ ಅವಲಂಬಿತ ಕುಟುಂಬದ ಸದಸ್ಯರಿಗೆ ನಿರ್ದಿಷ್ಟವಾದ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಯನ್ನು ಒದಗಿಸುವ 'ಜ್ಯೋತಿ ಸಂಜೀವಿನಿ' ಯೋಜನೆ
- ಆರಕ್ಷಕ ಸಿಬ್ಬಂದಿ ಮತ್ತು ಅವರ ಅವಲಂಬಿತ ಕುಟುಂಬ ಸದಸ್ಯರಿಗೆ ನಿರ್ದಿಷ್ಟ ದ್ವಿತೀಯ ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಯನ್ನು ನೀಡುವ ಆರೋಗ್ಯ ಭಾಗ್ಯ ಯೋಜನೆ;
- ಕರ್ನಾಟಕ ರಾಜ್ಯ ವಿಧಾನ ಮಂಡಲದ ಸದಸ್ಯರುಗಳಿಗೆ ದ್ವಿತೀಯ ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳನ್ನು ಒದಗಿಸುವ ಕರ್ನಾಟಕ ಶಾಸಕಾಂಗ (ಸದಸ್ಯರ ವೈದ್ಯಕೀಯ ಹಾಜರಾತಿ) ನಿಯಮಗಳು, 1968.

6. ಈ ಮೇಲೆ ಪಟ್ಟಿ ಮಾಡಲಾದ ಯೋಜನೆಗಳು ಪ್ರತೀವರ್ಷ ಸುಮಾರು 3.25 ಲಕ್ಷ ರೋಗಿಗಳಿಗೆ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳನ್ನು ಹಾಗೂ 1.25 ಲಕ್ಷ ರೋಗಿಗಳಿಗೆ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳನ್ನು ಒದಗಿಸುತ್ತಿದ್ದು, ಇದಕ್ಕಾಗಿ ಪ್ರತೀವರ್ಷ ಒಟ್ಟು ಸುಮಾರು 900 ಕೋಟಿ ರೂಪಾಯಿ ಖರ್ಚಾಗುತ್ತಿದೆ. ಯಶಸ್ವಿನಿ ಯೋಜನೆಗೆ ವಾರ್ಷಿಕ 400 ಕೋಟಿ ರೂಪಾಯಿ ಖರ್ಚಾಗುತ್ತಿದ್ದು ಆ ಯೋಜನೆಯ ವ್ಯಾಪ್ತಿಯಲ್ಲಿ ಬರುವ ಸದಸ್ಯರ ವಂತಿಗೆಯಿಂದ ವಾರ್ಷಿಕ ಸುಮಾರು 100 ಕೋಟಿ ಸಂಗ್ರಹವಾಗುತ್ತದೆ. ಮೇಲಿನ ಕ್ರಮಸಂಖ್ಯೆ (iv) ಮತ್ತು (v) ರಲ್ಲಿರುವ ಆರ್‌ಎಸ್‌ಬಿವೈ ಮತ್ತು ಆರ್‌ಬಿಎಸ್‌ಕೆ ಯೋಜನೆಗಳಿಗೆ ಶೇಕಡ 60ರಷ್ಟು ಹಣಕಾಸು ನೆರವನ್ನು ಭಾರತ ಸರ್ಕಾರವು ನೀಡುತ್ತದೆ. ಹಿರಿಯ ನಾಗರಿಕರನ್ನು ಹೊರತುಪಡಿಸಿ ಆರ್‌ಎಸ್‌ಬಿವೈ ಯೋಜನೆಯನ್ನು ವಿಮಾ ಮಾದರಿಯಲ್ಲಿ ಅನುಷ್ಠಾನಗೊಳಿಸಲಾಗುತ್ತಿದೆ. ಮೇಲಿನ ಕ್ರಮಸಂಖ್ಯೆ (viii) ರಲ್ಲಿ ನಮೂದಿಸಲಾಗಿರುವ ಯೋಜನೆಯಡಿಯಲ್ಲಿ ಸರ್ಕಾರಿ ನೌಕರರಿಗೆ ಲಭ್ಯವಿರುವ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳ ಜೊತೆಗೆ, ಈ ನೌಕರರಿಗೆ ಕರ್ನಾಟಕ ಸರ್ಕಾರಿ ನೌಕರರ (ವೈದ್ಯಕೀಯ ಹಾಜರಾತಿ) ನಿಯಮಗಳ ಅಡಿಯಲ್ಲಿ ವೈದ್ಯಕೀಯ ಚಿಕಿತ್ಸೆಗೆ ಖರ್ಚು ಮಾಡಿದ ಹಣವನ್ನು ಮರುಪಾವತಿ ಮಾಡಲಾಗುತ್ತದೆ.

7. ಈ ಮೇಲ್ಕಾಣಿಸಿದ ಯೋಜನೆಗಳನ್ನು ಅನುಷ್ಠಾನಗೊಳಿಸುತ್ತಾ, ಒಳನೋಟ ಅವಗಾಹಿಸಿದಂತೆ ಹಾಗೂ ಅನುಭವದ ಪ್ರಕಾರ ಹೇಳುವುದಾದರೆ, ವ್ಯಾಪ್ತಿ ಮತ್ತು ವಿಮಾರಕ್ಷಣೆಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಯೋಜನೆಗಳು ಒಂದರ ಮೇಲೆ ಇನ್ನೊಂದು ವ್ಯಾಪಿಸಿಕೊಂಡಿರುವುದು, ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳನ್ನು ಪೂರ್ಣವಾಗಿ ಬಳಸಿಕೊಳ್ಳದಿರುವುದು ಮತ್ತು ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಚಿಕಿತ್ಸೆಯ ದರಗಳಲ್ಲಿ ವ್ಯತ್ಯಾಸವಿರುವುದು ಕಂಡುಬರುತ್ತದೆ. ಕೆಲವು ಯೋಜನೆಗಳ ವಿನ್ಯಾಸದ ರೀತಿಯು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಕ್ಷೇತ್ರದ ವ್ಯವಸ್ಥೆಯನ್ನು ಉಪೇಕ್ಷಿಸಿ ನೇರವಾಗಿ ಖಾಸಗಿ ಕ್ಷೇತ್ರದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳನ್ನು ಪಡೆಯುವುದಕ್ಕೆ ಅನುಕೂಲ ಮಾಡಿಕೊಡುತ್ತಿವೆ. ಹೀಗೆ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಕ್ಷೇತ್ರವನ್ನು ಬಿಟ್ಟು ನೇರವಾಗಿ ಖಾಸಗಿ ಕ್ಷೇತ್ರದಿಂದ ಆರೋಗ್ಯ ಆರೈಕೆ ಪಡೆಯುವುದರಿಂದ ಒಟ್ಟಾರೆ ಆರೋಗ್ಯ ಸೇವೆ ಸಲ್ಲಿಸುವಲ್ಲಿ ಮತ್ತು ಉತ್ಪಾದಕತೆಯಲ್ಲಿ ದುರ್ಬಲವಾಗಲು ಕಾರಣವಾಗಿದೆ. ಸಾರ್ವತ್ರಿಕ, ಸಮಾನ ಮತ್ತು ಉರ್ಜಿತ ಆರೋಗ್ಯ ಪಾಲನಾ ಸೇವೆಯ ಗುರಿ ಸಾಧಿಸಬೇಕೆಂದರೆ ಮೇಲೆ ತಿಳಿಸಲಾದ ನೀತಿಗಳು

ಮತ್ತು ಮುನ್ನೋಟ ದಸ್ತಾವೇಜಿನಲ್ಲಿ ತಿಳಿಸಿರುವಂತೆ ವಿಶ್ವಸಾರ್ವ, ಸಮರ್ಥ ಮತ್ತು ಪರಿಣಾಮಕಾರಿ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ವ್ಯವಸ್ಥೆಯಿಂದ ಮಾತ್ರ ಸಾಧ್ಯವಾಗುವುದಾಗಿದ್ದು, ಅದಕ್ಕೆ ಪೂರಕವಾಗಿ ಲಭ್ಯವಾದ ಆದರೆ ವಿಶ್ವಸಾರ್ವತೆಯಿಂದ ಕಾರ್ಯನಿರ್ವಹಿಸುವ ಖಾಸಗಿ ಆರೋಗ್ಯ ವ್ಯವಸ್ಥೆ ಕಾರ್ಯನಿರ್ವಹಿಸಬೇಕಾಗುತ್ತದೆ. ಖಾಸಗಿ ವಲಯದಿಂದ ಸೇವೆಗಳನ್ನು ಪಡೆಯುವುದಕ್ಕೆ ಮುಂದಾಗುವ ಮೊದಲು ಲಭ್ಯವಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ವ್ಯವಸ್ಥೆಯಲ್ಲಿನ ಸಾಮರ್ಥ್ಯಗಳನ್ನು ವೃದ್ಧಿಗೊಳಿಸುವುದು ಮತ್ತು ಅವುಗಳನ್ನು ಸಮರ್ಥವಾಗಿ ಬಳಸಿಕೊಳ್ಳುವುದಕ್ಕೆ ಮಹತ್ವ ನೀಡಬೇಕು ಎಂಬುದು ಸಾರ್ವತ್ರಿಕ ಆರೋಗ್ಯ ಸೇವೆಗಳ ತಳಹದಿಯಾಗಿರುತ್ತದೆ.

8. ಈ ಮೇಲ್ಕಾಣಿಸಿದ ಅಗತ್ಯಗಳನ್ನು ಮನಗಂಡು, ಸಾರ್ವತ್ರಿಕ, ಸಮಾನ ಮತ್ತು ಉಚಿತ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳ ಗುರಿಯನ್ನು ಕಾಲಾಂತರದಲ್ಲಿ ಸಾಧಿಸುವ ಉದ್ದೇಶದಿಂದ ಈ ಕೆಳಗಿನ ಆದೇಶವನ್ನು ಹೊರಡಿಸಲಾಗಿದೆ.

ಸರ್ಕಾರಿ ಆದೇಶ ಸಂಖ್ಯೆ : ಆಕುಕ 91 ಸಿಜಿಇ 2017, ಬೆಂಗಳೂರು, ದಿನಾಂಕ: 1.3.2018,

ವ್ಯಾಪ್ತಿ:

1. ಕರ್ನಾಟಕ ರಾಜ್ಯದ ಎಲ್ಲಾ ನಿವಾಸಿಗಳಿಗೆ “ಆರೋಗ್ಯ ಕರ್ನಾಟಕ” ಎನ್ನುವ ಹೊಸ ಯೋಜನೆಯ ಮೂಲಕ ಈ ಆದೇಶದೊಂದಿಗೆ ಲಗತ್ತಿಸಿದ ಅನುಬಂಧ-1, 2ಎ, 2ಬಿ, 3 ಮತ್ತು 4ಗಳಲ್ಲಿ ನಿರ್ದಿಷ್ಟಪಡಿಸಿದ ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಆರೈಕೆ, ಸಾಮಾನ್ಯ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ, ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೈಕೆ, ತೃತೀಯ ಹಂತದ ಆರೈಕೆ ಮತ್ತು ತುರ್ತು ಆರೋಗ್ಯ ಆರೈಕೆಗಳನ್ನು ಒದಗಿಸಲು ಆಡಳಿತಾತ್ಮಕ ಅನುಮೋದನೆ ನೀಡಿದೆ.
2. ಈ ಹೊಸ ಯೋಜನೆಯಲ್ಲಿ ಭರವಸೆ ನೀಡಿರುವಂತೆ ಸಾರ್ವತ್ರಿಕ ಆರೋಗ್ಯ ಆರೈಕೆಯು ಈ ಕೆಳಗಿನ ವಿಭಾಗದಲ್ಲಿ ಬರುವ ನಾಗರಿಕರನ್ನು ಹೊರತುಪಡಿಸಿರುತ್ತದೆ. ಏಕೆಂದರೆ ಇವರು ಇತರ ಯೋಜನೆಗಳ ಮೂಲಕ ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು ಪಡೆದುಕೊಳ್ಳುತ್ತಿದ್ದಾರೆ.
 - i. ನೌಕರರ ರಾಜ್ಯ ವಿಮಾ ಯೋಜನೆಯಡಿ ರಕ್ಷಣೆ ಪಡೆದಿರುವ ನಿವಾಸಿಗಳು/ನಾಗರಿಕರು;
 - ii. ತಮ್ಮ ಉದ್ಯೋಗದ ಮಾಲೀಕರಿಂದ ಆರೋಗ್ಯ ಭರವಸೆ ಅಥವಾ ಆರೋಗ್ಯ ವಿಮೆ ಯೋಜನೆಗಳ ರಕ್ಷಣೆ ಪಡೆದಿರುವ ನಿವಾಸಿಗಳು/ನಾಗರಿಕರು;
 - iii. ಖಾಸಗಿ ಆರೋಗ್ಯ ವಿಮಾ ಪಾಲಿಸಿಗಳನ್ನು ಸ್ವಯಂ ಆಗಿ ಮಾಡಿಕೊಂಡಿರುವ ನಿವಾಸಿಗಳು/ನಾಗರಿಕರು;;
 - iv. ಭಾರತ ಸರ್ಕಾರದ ಕೇಂದ್ರ ಸರ್ಕಾರೀ ಆರೋಗ್ಯ ಯೋಜನೆಯಲ್ಲಿ ಪಡೆದಿರುವ ನಿವಾಸಿಗಳು/ನಾಗರಿಕರು;
 - v. ಕರ್ನಾಟಕ ಸರ್ಕಾರ ನೌಕರರ (ವೈದ್ಯಕೀಯ ಹಾಜರಾತಿ) ನಿಯಮಗಳಿಗೆ ತಿದ್ದುಪಡಿ ತರುವವರೆಗೂ ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಸಿಬ್ಬಂದಿಗಳು;
 - vi. ಕರ್ನಾಟಕ ಶಾಸಕಾಂಗ (ಸದಸ್ಯರ ವೈದ್ಯಕೀಯ ಹಾಜರಾತಿ) ನಿಯಮಗಳು 1968ಕ್ಕೆ ತಿದ್ದುಪಡಿ ತರುವವರೆಗೂ ಕರ್ನಾಟಕ ವಿಧಾನ ಮಂಡಲದ ಸದಸ್ಯರು;

ಪ್ರಸ್ತುತ ಚಾಲ್ತಿಯಲ್ಲಿರುವ ಯೋಜನೆಗಳಿಗೆ ಸೇರ್ಪಡೆ:

3. ಈ ಕೆಳಗಿನ ಪ್ರಸಕ್ತ ಯೋಜನೆಗಳನ್ನು ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಯೋಜನೆಗೆ ವಿಲೀನಗೊಳಿಸಲಾಗುವುದು:
 - i. ಯಶಸ್ವಿನಿ ಯೋಜನೆ
 - ii. ವಾಜಪೇಯಿ ಆರೋಗ್ಯ ಶ್ರೀ ಯೋಜನೆ
 - iii. ರಾಜೀವ್ ಆರೋಗ್ಯ ಭಾಗ್ಯ ಯೋಜನೆ
 - iv. ಹಿರಿಯ ನಾಗರಿಕರಿಗೆ RSBY ಯೋಜನೆಯನ್ನು ಒಳಗೊಂಡಂತೆ ರಾಷ್ಟ್ರೀಯ ಸ್ವಾಸ್ಥ್ಯ ಭೀಮಾ ಯೋಜನೆ
 - v. ರಾಷ್ಟ್ರೀಯ ಬಾಲ ಸ್ವಾಸ್ಥ್ಯ ಯೋಜನೆ (RBSK)
 - vi. ಮುಖ್ಯಮಂತ್ರಿ ಸಾಂತ್ವನ ಹರೀಶ್ ಯೋಜನೆ
 - vii. ಇಂದಿರಾ ಸುರಕ್ಷಾ ಯೋಜನೆ
4. ಸಂಬಂಧಿತ ವೈದ್ಯಕೀಯ ಹಾಜರಾತಿ ನಿಯಮಗಳಿಗೆ ತಿದ್ದುಪಡಿ ತಂದ ನಂತರ ಕರ್ನಾಟಕ ಶಾಸಕಾಂಗ ಸದಸ್ಯರು, ಸರ್ಕಾರಿ ನೌಕರರು ಮತ್ತು ಪೊಲೀಸ್ ಸಿಬ್ಬಂದಿಗಳಿಗಿರುವ ಇತರ ಯೋಜನೆಗಳನ್ನು ಈ ಹೊಸ ಯೋಜನೆಯಡಿ ತರಲಾಗುವುದು.

ರೋಗಿಗಳ ನೋಂದಣಿ:

5. ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ (SAST ಎಂದು ಉಲ್ಲೇಖಿಸುವ) ಅಭಿವೃದ್ಧಿ ಪಡಿಸುವ ಐಟಿ ಸಾಫ್ಟ್‌ವೇರ್ ಬಳಸಿಕೊಂಡು ರೋಗಿಗಳು ಮೊದಲ ಬಾರಿಗೆ ಯಾವುದೇ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯನ್ನು ಚಿಕಿತ್ಸೆಗಾಗಿ ಸಂಪರ್ಕಿಸಿದಾಗ ಅವರನ್ನು ಒಂದು ಬಾರಿ ನೋಂದಣಿ ಮಾಡಿಕೊಳ್ಳತಕ್ಕದ್ದು. ತುರ್ತು ಸಂದರ್ಭದಲ್ಲಿ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯ ಶಿಫಾರಸ್ಸಿನ ಹೊರತಾಗಿ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಯನ್ನು ಒಬ್ಬ ರೋಗಿಯು ಸಂಪರ್ಕಿಸಿದಾಗ, SAST ಸಾಫ್ಟ್‌ವೇರ್ ಬಳಸಿಕೊಂಡು ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿಯೂ ನೋಂದಣಿ ಮಾಡಿಕೊಳ್ಳಲಾಗುವುದು.
6. ನೋಂದಣಿಯು ಆಧಾರ್ ಮತ್ತು ಪಡಿತರ ಚೀಟಿಯನ್ನು ಆಧರಿಸಿಯೇ ನಡೆಯಬೇಕು ಮತ್ತು ಇದರಲ್ಲಿ ಆಧಾರ್ ಕಡ್ಡಾಯವಾಗಿರತಕ್ಕದ್ದು. ಆಧಾರ್ ದೃಢೀಕರಣದ ಜೊತೆಗೆ ಯಶಸ್ವಿಯಾಗಿ ನೋಂದಣಿ ಮಾಡಿಕೊಂಡ ಮೇಲೆ ಒಂದು ವಿಶಿಷ್ಟ ಗುರುತು ಸಂಖ್ಯೆಯನ್ನು (ARKID)

ಜನರೇಟ್ ಮಾಡಲಾಗುತ್ತದೆ ಮತ್ತು ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಹೆಲ್ತ್ ಕಾರ್ಡ್ ಎಂದು ಕರೆಯಲಾಗುವ ಕಾರ್ಡ್‌ನ್ನು ಒದಗಿಸತಕ್ಕದ್ದು. ರೋಗಿಗಳು ನೋಂದಣಿ ಕೌಂಟರ್‌ಗಳಲ್ಲಿ ರೂ.10/- (ಹತ್ತು) ಪಾವತಿಸಿ ಪಡೆಯಬಹುದಾಗಿದೆ.

7. ಒಂದು ವೇಳೆ ಈ ಹೆಲ್ತ್ ಕಾರ್ಡ್ ಕಳೆದುಹೋದರೆ ಯಾವುದೇ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಆಧಾರ್ ಅಥವಾ ಪಡಿತರ ಚೀಟಿ ಹಾಜರುಪಡಿಸಿ, ಆಧಾರ್ ದೃಢೀಕರಣದ ನಂತರ ರೂ.20/- (ಇಪ್ಪತ್ತು) ಪಾವತಿಸಿ ನಕಲು ಹೆಲ್ತ್ ಕಾರ್ಡ್‌ನ್ನು ಪಡೆದುಕೊಳ್ಳುವುದು.
8. ಆಧಾರ್ ಕಾರ್ಡ್ ಹೊಂದಿಲ್ಲದ ರೋಗಿಗೆ ಪಡಿತರ ಚೀಟಿ ಆಧಾರದ ಮೇಲೆ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಯೋಜನೆಯಲ್ಲಿ ನೋಂದಣಿ ಮಾಡಲಾಗುವುದು. ಅಂತಹ ವ್ಯಕ್ತಿಗೆ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಚಿಕಿತ್ಸೆ ಒದಗಿಸಲಾಗುವುದು. ಆದರೆ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ರೆಫರಲ್ ಮೂಲಕ ಚಿಕಿತ್ಸೆ ಪಡೆಯಲು ಆಧಾರ್ ಅನ್ನು ನೋಂದಣಿ ಮಾಡುವುದು ಅವಶ್ಯವಿರುತ್ತದೆ.
9. ಯೋಜನೆಯಡಿ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೌಲಭ್ಯಗಳನ್ನು ಪಡೆದುಕೊಳ್ಳುವ ರೋಗಿಗಳನ್ನು ಈ ಕೆಳಗಿನಂತೆ ವಿಂಗಡಿಸತಕ್ಕದ್ದು:
 - i. **ಅರ್ಹತಾ ರೋಗಿ:** ಕರ್ನಾಟಕ ರಾಜ್ಯದ ನಿವಾಸಿಯಾಗಿರುವ ಒಬ್ಬ ರೋಗಿಯು ರಾಷ್ಟ್ರೀಯ ಆಹಾರ ಭದ್ರತೆ ಕಾಯ್ದೆ, 2013ರಡಿ "ಅರ್ಹ ಕುಟುಂಬ"ಕ್ಕೆ ಸೇರಿರುವವರು;
 - ii. **ಸಾಮಾನ್ಯ ರೋಗಿ:** ಕರ್ನಾಟಕ ರಾಜ್ಯದ ನಿವಾಸಿಯಾಗಿದ್ದು, ರಾಷ್ಟ್ರೀಯ ಆಹಾರ ಭದ್ರತೆ ಕಾಯ್ದೆ, 2013ರಡಿ "ಅರ್ಹ ಕುಟುಂಬ" ವ್ಯಾಖ್ಯಾನದಡಿ ಸೇರಿಲ್ಲದೇ ಇರುವ ಅಥವಾ ಅರ್ಹ ಕುಟುಂಬಕ್ಕೆ ಸೇರಿದ ಕಾರ್ಡ್‌ನ್ನು ಒದಗಿಸದೇ ಇರುವವರು;
10. ನೋಂದಣಿ ಪ್ರಕ್ರಿಯೆಯ ಮೂಲ ಲಕ್ಷಣಗಳನ್ನು ಅನುಬಂಧ-5ರಲ್ಲಿ ವಿವರಿಸಲಾಗಿದೆ.
11. ಅಗತ್ಯವಿರುವ ಸಂಖ್ಯೆಯಲ್ಲಿ ನೋಂದಣಿ ಕೌಂಟರ್‌ಗಳು ಮತ್ತು ಹೊರರೋಗಿ ನೋಂದಣಿ ಕೌಂಟರ್‌ಗಳನ್ನು ಸ್ಥಾಪಿಸುವ ಜವಾಬ್ದಾರಿಯು ಸಂಬಂಧಿಸಿದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳದ್ದಾಗಿರುತ್ತದೆ.
12. ಖಂಡಿಕೆ 5 ರಿಂದ 10ರಲ್ಲಿ ವಿವರಿಸಿದ ವಿಧಾನವನ್ನು ಅನುಸರಿಸಿ ಗರ್ಭಿಣಿ ಮಹಿಳೆ ಮತ್ತು ಮಕ್ಕಳಿಗೆ ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು, ಜನರಿಗೆ ಸಾಂಕ್ರಾಮಿಕವಲ್ಲದ ಖಾಯಿಲೆಗಳನ್ನು ತಡೆಗಟ್ಟುವ ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು ಮತ್ತು ಸಾಂಕ್ರಾಮಿಕ ರೋಗಗಳಿಗಾಗಿ ಜನರಿಗೆ ಚಿಕಿತ್ಸೆಗಳನ್ನು ನೀಡುವ ಉದ್ದೇಶಕ್ಕಾಗಿ ಆರೋಗ್ಯ ಮತ್ತು ಕ್ಷೇಮ ಕೇಂದ್ರಗಳಲ್ಲಿ ನೋಂದಣಿಯನ್ನು ಮಾಡಲಾಗುವುದು.

ಸರ್ಕಾರದಿಂದ ಭರಿಸುವ ವೈದ್ಯಕೀಯ ವೆಚ್ಚ:

13. 5 ಸದಸ್ಯರವರೆಗೆ ಇರುವ ಒಂದು ಕುಟುಂಬಕ್ಕೆ ಸೂಚಿತ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಚಿಕಿತ್ಸೆಗಾಗಿ ಒಂದು ವರ್ಷಕ್ಕೆ ರೂ.30,000/- ಗಳವರೆಗೆ ಆರ್ಥಿಕ ನೆರವನ್ನು ನೀಡಲಾಗುವುದು. ಯಾವುದೇ ಕುಟುಂಬಕ್ಕೆ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಚಿಕಿತ್ಸೆ ಬೇಕಾದಲ್ಲಿ, ಈ ಮಿತಿಯನ್ನು ಒಂದು ವರ್ಷಕ್ಕೆ ರೂ.1.50 ಲಕ್ಷಗಳವರೆಗೆ ಒದಗಿಸಲಾಗುವುದು. ಈ ಹೆಚ್ಚಿನ ಮಿತಿಯು ಪೂರ್ಣವಾಗಿ ಉಪಯೋಗವಾದ ಮೇಲೆ ತೃತೀಯ ಹಂತದ ಶುರ್ತು ಚಿಕಿತ್ಸಾ ಸಂದರ್ಭ ಬಂದಲ್ಲಿ, ಇನ್ನೂ ಹೆಚ್ಚಿನ ರೂ.50,000/- ಗಳ ಆರ್ಥಿಕ ನೆರವನ್ನು ಒದಗಿಸಲಾಗುವುದು. ಈ ನೆರವು ಮಂಜೂರಾದ ಪ್ರಾಕೇಜ್ ದರಗಳಿಗೆ ಒಳಪಟ್ಟಿರುತ್ತದೆ.
14. ಯಶಸ್ವಿನಿ ಯೋಜನೆಯ ಸೌಲಭ್ಯ ಹೊಂದಿರುವ ಕುಟುಂಬಕ್ಕೆ ಸೌಲಭ್ಯದ ಪರಿವರ್ತನೆಯ ಅವಧಿಯ ದಿನಾಂಕ: 31-05-2018 ರವರೆಗೆ ಒಂದು ವರ್ಷಕ್ಕೆ ರೂ.2,00,000 ಇರುತ್ತದೆ.

ಅರ್ಹತಾ ರೋಗಿ

15. ಕ್ರಮವಾಗಿ ಅನುಬಂಧ 2ಬಿ ಮತ್ತು 3ರಲ್ಲಿ ಸೂಚಿಸಿರುವಂತೆ ಅರ್ಹತಾ ರೋಗಿಗಳಿಗೆ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳು ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳು ಮೇಲಿನ ಕಂಡಿಕೆ 13 ರಲ್ಲಿ ಉಲ್ಲೇಖಿಸಿರುವ ವಿಷಯಕ್ಕೊಳಪಟ್ಟು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಉಚಿತವಾಗಿರುತ್ತದೆ. ಚಿಕಿತ್ಸೆಗಳ ದರಗಳನ್ನು ಪ್ರಾಕೇಜ್‌ನಲ್ಲಿ ಪಿ.ಹೆಚ್.ಐ ಗಳಿಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಸೂಚಿಸಿರುವ ದರಗಳ ಅನ್ವಯ ರಾಜ್ಯ ಸರ್ಕಾರವು ಸಂಬಂಧಿಸಿದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಿಗೆ ಮರುಪಾವತಿ ಮಾಡುತ್ತದೆ.
16. ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯ ಶಿಫಾರಸ್ಸಿನ ಅನ್ವಯ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಮತ್ತು ತೃತೀಯ ಹಂತದ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆದುಕೊಂಡಿದ್ದಲ್ಲಿ, ಅಂತಹ ಚಿಕಿತ್ಸೆಯು ರೋಗಿಗೆ ಉಚಿತವಾಗಿಯೇ ಇರುತ್ತದೆ. ಚಿಕಿತ್ಸೆಯ ವೆಚ್ಚವನ್ನು ಪ್ರಾಕೇಜ್ ದರಗಳ ಅನ್ವಯ ಸಂಬಂಧಿಸಿದ ನೋಂದಾಯಿತ ಆಸ್ಪತ್ರೆಗೆ ಕಂಡಿಕೆ 13 ರಂತೆ ವಾರ್ಷಿಕ ಮಿತಿಯನ್ನು ಅನುಸರಿಸಿಕೊಂಡು ಮರುಪಾವತಿಸಲಾಗುತ್ತದೆ. ದಾಖಲಿಸಿಕೊಂಡಿರುವ ಆಸ್ಪತ್ರೆಯು ಅಂಗೀಕೃತ ಪ್ರಾಕೇಜ್ ದರಕ್ಕಿಂತ ಹೆಚ್ಚು ಶುಲ್ಕವನ್ನು ವಿಧಿಸುವಂತಿಲ್ಲ. ಆದರೆ, ಕುಟುಂಬಕ್ಕೆ ನಿರ್ದಿಷ್ಟ ಪಡಿಸಿದ ವಾರ್ಷಿಕ ಮಿತಿ ಮೀರಿದಲ್ಲಿ, ರೋಗಿಯ ಸ್ವಂತ ಹಣದಿಂದ ಪಾವತಿಸುವುದು.

ಸಾಮಾನ್ಯ ರೋಗಿ

17. ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆ ಅಥವಾ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಅಥವಾ ರೆಫರಲ್ ಮೇಲೆ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಸಾಮಾನ್ಯ ರೋಗಿಗೆ ಸಹ-ಪಾವತಿ ಆಧಾರದಲ್ಲಿ ಇರುತ್ತದೆ. ಸಂಬಂಧಿತ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆ ಅಥವಾ ದಾಖಲಿಸಿಕೊಂಡಿರುವ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಯು ಅಂತಹ ರೋಗಿಗೆ ತಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಸಾರ್ವಜನಿಕವಾಗಿ ಪ್ರದರ್ಶಿಸಲಾದ ದರಗಳನ್ನು ವಿಧಿಸಬಹುದು. ಈ ಯೋಜನೆ ಅಡಿಯಲ್ಲಿ ಮರುಪಾವತಿಯು ಸರ್ಕಾರವು ಸೂಚಿಸಿರುವ ಪ್ರಾಕೇಜ್ ದರದ ಅಥವಾ ಒಟ್ಟು ವಿಧಿಸಿದ ಶುಲ್ಕದಲ್ಲಿ ಯಾವುದು ಕಡಿಮೆಯಾಗಿರುತ್ತದೆಯೋ, ಅದರ ಶೇ. 30ಕ್ಕೆ ನಿಗದಿಯಾಗಿರುತ್ತದೆ. ಬಾಕಿ ಉಳಿದ ಶೇ.70ರಷ್ಟು ಮೊತ್ತವನ್ನು ರೋಗಿಯಿಂದ ಪಡೆದುಕೊಳ್ಳಲಾಗುವುದು.

ರೆಫರಲ್ ಇಲ್ಲದ ರೋಗಿ

- ಯಾವುದೇ ರೋಗಿಯ ತುರ್ತುಸ್ಥಿತಿಯ ಸಂದರ್ಭದ ಹೊರತಾಗಿ (ನಿಗದಿಗೊಳಿಸಿದ ತುರ್ತು ಚಿಕಿತ್ಸಾ ಕೋಡ್ ಅನುಬಂಧ-4) ಅರ್ಹತಾ ರೋಗಿಯಾಗಲಿ ಅಥವಾ ಸಾಮಾನ್ಯ ರೋಗಿಯಾಗಲಿ ಸರ್ಕಾರಿ ಆಸ್ಪತ್ರೆಗಳಿಂದ ರೆಫರ್ ಆಗದೆ ನೇರವಾಗಿ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆದುಕೊಂಡಲ್ಲಿ, ಅಂತಹ ಚಿಕಿತ್ಸೆಗೆ ಮರುಪಾವತಿ ಇರುವುದಿಲ್ಲ ಹಾಗೂ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಅವಕಾಶವೂ ಇರುವುದಿಲ್ಲ. ಅಂತಹ ರೋಗಿ ಚಿಕಿತ್ಸೆಯ ಸಂಪೂರ್ಣ ವೆಚ್ಚವನ್ನು ಸ್ವತಃ ಭರಿಸಬೇಕಾಗುತ್ತದೆ.

ಬಳಕೆದಾರರ ಶುಲ್ಕ:

- ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳು ಮತ್ತು ಸಾಮಾನ್ಯ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳು ಅನುಬಂಧ 1 ಮತ್ತು 2ಎ ನಲ್ಲಿ ಕ್ರಮವಾಗಿ ಸೂಚಿತವಾಗಿದ್ದು, ಸಂಬಂಧಿಸಿದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳು ಅವುಗಳ ಸಾಮಾನ್ಯ ಬಳಕೆದಾರರ ಶುಲ್ಕವನ್ನು ವಿಧಿಸತಕ್ಕದ್ದು. ಈ ಚಿಕಿತ್ಸೆಗಳಿಗಾಗಿ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಿಗೆ ಅಥವಾ ರೋಗಿಗಳಿಗೆ ಸರ್ಕಾರದಿಂದ ಯಾವುದೇ ಮರುಪಾವತಿ ಇರುವುದಿಲ್ಲ.
- ಯೋಜನೆಯಲ್ಲಿ ಒಳಗೊಳ್ಳದ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಮತ್ತು ರೋಗನಿರ್ಣಯ ಪರೀಕ್ಷೆಗಳಿಗೆ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳು ಸಾಮಾನ್ಯ ಬಳಕೆ ಶುಲ್ಕಗಳನ್ನು ವಿಧಿಸಬಹುದು.

ಶಿಫಾರಸ್ಸು ವ್ಯವಸ್ಥೆ (ರೆಫರಲ್):

- ಅನುಬಂಧ 2ಬಿ ರಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿರುವಂತೆ ಸಂಕೀರ್ಣವಾದ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಚಿಕಿತ್ಸೆಯ ಅಗತ್ಯವು ರೋಗಿಗೆ ಇದ್ದಲ್ಲಿ, ಅಥವಾ ಅನುಬಂಧ 3ರಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿರುವಂತೆ ತೃತೀಯ ಹಂತದ ಕಾಯಿಲೆಗಳಿಗೆ ಚಿಕಿತ್ಸೆಯ ಅಗತ್ಯವಿದ್ದಲ್ಲಿ, ಸಮೀಪದ ತಾಲೂಕು ಅಥವಾ ಜಿಲ್ಲಾ ಮಟ್ಟದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯ ವೈದ್ಯಕೀಯ ಮೊದಲು ಸಂಪರ್ಕಿಸಬೇಕು. ಆ ವೈದ್ಯರು ನೀಡುವ ಆರೋಗ್ಯ ಸಲಹೆ, ಚಿಕಿತ್ಸಾ ವಿವರಗಳು ಮತ್ತು ಚಿಕಿತ್ಸಾ ಕ್ಷಮತೆ ಪ್ರಸ್ತುತ ವೈದ್ಯಕೀಯ ಸಾಮರ್ಥ್ಯವನ್ನು ಆಧರಿಸಿ ಅದೇ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯಲ್ಲಿ ಚಿಕಿತ್ಸೆಯನ್ನು ಕೊಡಬಹುದು ಅಥವಾ ಅದೇ ಜಿಲ್ಲೆಯ ಮೇಲಿನ ಸ್ಥರದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗೆ ಶಿಫಾರಸ್ಸು ಮಾಡಲಾಗುವುದು.
- ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ರೋಗ ನಿರ್ಣಯ ಮಾಡಲು ಅವಶ್ಯಕವಿರುವ ವೈದ್ಯಕೀಯ ಪರೀಕ್ಷೆ/ಡಯಾಗ್ನೋಸ್ಟಿಕ್ ಸೌಲಭ್ಯಗಳು ಲಭ್ಯವಿಲ್ಲದಿದ್ದ ಪಕ್ಷದಲ್ಲಿ ರೋಗ ನಿರ್ಣಯ ಪರೀಕ್ಷೆಗಳಿಗಾಗಿ ನೋಂದಾಯಿತ ವೈದ್ಯಕೀಯ ಪರೀಕ್ಷೆ / ಡಯಾಗ್ನೋಸ್ಟಿಕ್ ಪ್ರಯೋಗಾಲಯಗಳಿಗೆ ರೆಫರ್ ಮಾಡಲಾಗುವುದು.
- ಅಗತ್ಯವಿರುವ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆ ಅಥವಾ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಯು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ದೊರಕದಿದ್ದಲ್ಲಿ, ನೋಂದಾಯಿಸಿಕೊಂಡಿರುವ ಯಾವುದೇ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಚಿಕಿತ್ಸೆಗಾಗಿ ರೆಫರ್ ಮಾಡಲಾಗುವುದು.
- ಅನುಬಂಧ-2ಬಿ ಮತ್ತು 3 ರಲ್ಲಿ ಸೂಚಿಸಿರುವ ಪ್ರತೀ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳು ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಅವಶ್ಯವಿರುವ ರೆಫರಲ್ ಪ್ರೊಟೋಕಾಲ್ (ನಿಯಮ)ಗಳನ್ನು ಪ್ರತ್ಯೇಕ ಸರ್ಕಾರಿ ಆದೇಶದ ಮೂಲಕ ನಿಗದಿಪಡಿಸಲಾಗುವುದು.
- ಒಂದು ವೇಳೆ, ರೋಗಿಗೆ ಅಗತ್ಯವಿರುವ ಸೂಚಿತ ಗಂಭೀರ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆ ಅಥವಾ ತೃತೀಯ ಹಂತದ ಚಿಕಿತ್ಸೆ ನೀಡುವ ಸಾಮರ್ಥ್ಯವು ಅದೇ ಜಿಲ್ಲೆಯ ಉನ್ನತ ಮಟ್ಟದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯಲ್ಲಿ ಲಭ್ಯವಿದ್ದಲ್ಲಿ ಶಿಫಾರಸ್ಸನ್ನು ಅಂತಹ ಉನ್ನತ ಮಟ್ಟದ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗೆ ನೀಡತಕ್ಕದ್ದು. ತುರ್ತು ಸಂದರ್ಭದಲ್ಲಿ (ನಿಗದಿಗೊಳಿಸಿದ ತುರ್ತು ಚಿಕಿತ್ಸಾ ಕೋಡ್ ಅನುಬಂಧ-4) ಮಾತ್ರವೇ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯ ಮುಖಂಡರು ಯಾವುದೇ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ರೆಫರ್/ಶಿಫಾರಸ್ಸನ್ನು ನೀಡಬಹುದು.
- ರೆಫರ್ ಮಾಡುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯು ಒಂದು ನಿರ್ದಿಷ್ಟ ನೋಂದಾಯಿತ ಆಸ್ಪತ್ರೆಗೆ ರೆಫರ್ ಮಾಡಲು ಅವಕಾಶವಿರುವುದಿಲ್ಲ. ರೆಫರಲ್‌ಗಳನ್ನು ಎಲ್ಲಾ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಗೂ, ಲಭ್ಯವಿರುವ ಸಾಮರ್ಥ್ಯ ಮತ್ತು ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಸಿದ್ಧತೆಯು ಆ ದಿನ ಹೇಗಿದೆ ಎನ್ನುವ ಆಧಾರದ ಮೇಲೆ ನೀಡತಕ್ಕದ್ದು. ರೋಗಿಯು ಶಿಫಾರಸ್ಸು ಪಡೆದುಕೊಂಡ ಮೇಲೆ ಯಾವುದೇ ನೋಂದಾಯಿತ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಒಂದನ್ನು ಆಯ್ಕೆ ಮಾಡಿಕೊಳ್ಳಬಹುದು. ರೋಗಿಯು ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಕಾರ್ಡನ್ನು ಚಿಕಿತ್ಸೆಗಾಗಿ ಹಾಗೂ ಆಸ್ಪತ್ರೆಯ ಅಂಗೀಕಾರಕ್ಕಾಗಿ ಜೊತೆಯಲ್ಲಿ ಕೊಂಡೊಯ್ಯಬೇಕು.

ರೋಗಿಗಳ ಸ್ವಾಧೀನ:

- ರೋಗಿಯು ಒಮ್ಮೆ ಮಾತ್ರ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯಲ್ಲಿ ನೋಂದಣಿ ಮಾಡಬೇಕಿರುತ್ತದೆ. ನಂತರದ ಯಾವುದೇ ಅನುಸರಣಾ ಭೇಟಿಗಳಿಗೆ ಅಥವಾ ತರುವಾಯದ ಬೇರೆ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಭೇಟಿ ನೀಡುವಾಗ ರೋಗಿಯು ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಕಾರ್ಡನ್ನು ತಂದು ಆಧಾರ್ ದೃಢೀಕರಣದೊಂದಿಗೆ ಹೊರರೋಗಿ ನೋಂದಣಿ ಮಾಡಬೇಕು. ತರುವಾಯದ ಭೇಟಿಗಳಲ್ಲಿ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಕಾರ್ಡನ್ನು ಹಾಜರು ಪಡಿಸಿದರೆ, ಆಧಾರ್ ಕಾರ್ಡ್ ಹಾಜರು ಪಡಿಸಬೇಕಾದ ಅವಶ್ಯಕತೆಯಿಲ್ಲ.
- ಧಾರ್ ದೃಢೀಕೃತ ಹಾಗೂ ಮಾಹಿತಿ ತಂತ್ರಜ್ಞಾನ ಆಧಾರಿತ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ (ARKID) ಕಾರ್ಡ್‌ನ ಆಧಾರದ ಮೇಲೆ ಹೊರರೋಗಿ ಚೀಟಿಯನ್ನು ಜನರೇಟ್ ಮಾಡಲಾಗುವುದು.
- ನೋಂದಾಯಿತ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಕಾರ್ಡ್ ಹಾಜರುಪಡಿಸದಿದ್ದಲ್ಲಿ, ಹೊರರೋಗಿಯ ನೋಂದಣಿಯು ಆಧಾರ್ ಕಾರ್ಡ್ ಅಥವಾ ಪಡಿತರ ಚೀಟಿಗಳ ಆಧಾರದ ಮೇಲೆ ಅವರಿಗೆ ಹಿಂದೆ ಕೊಟ್ಟಿರುವ ARKID ಉಪಯೋಗಿ ಆಧಾರ್ ದೃಢೀಕರಣದೊಂದಿಗೆ ಹೊರರೋಗಿ ನೋಂದಣಿ ಮಾಡಲಾಗುವುದು.
- ಒಂದು ಬಾರಿ ರೋಗಿಯನ್ನು ಚಿಕಿತ್ಸೆ ಪಡೆಯಲು ಒಂದು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯು ರೆಫರ್ ಮಾಡಿದ ನಂತರ ಅಂತಹ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳು, ಆಧಾರ್ ಕಾರ್ಡ್ ಅನ್ನು ದೃಢೀಕರಿಸುವ ಮೂಲಕ ಚಿಕಿತ್ಸೆ ಒದಗಿಸಲು ಅಂಗೀಕರಿಸಬಹುದು. ಆಧಾರ್

ದೃಢೀಕರಣಕ್ಕೆ ಮತ್ತು ರೋಗಿಯನ್ನು ಆಸ್ಪತ್ರೆಗೆ ದಾಖಲಿಸಿಕೊಳ್ಳಲು ಅಗತ್ಯವಿರುವ ಸಾಫ್ಟ್‌ವೇರ್ ಸೌಲಭ್ಯವನ್ನು SAST ಒದಗಿಸುತ್ತದೆ. ಒಂದು ಬಾರಿ ಒಂದು ಆಸ್ಪತ್ರೆಯು ರೋಗಿಯನ್ನು ದಾಖಲಿಸಿಕೊಂಡ ನಂತರ, ಮತ್ತೊಂದು ಆಸ್ಪತ್ರೆಯು ರೋಗಿಯನ್ನು ದಾಖಲಿಸಿಕೊಳ್ಳಲು ಅವಕಾಶ ಇರುವುದಿಲ್ಲ.

ಅನುಷ್ಠಾನದ ಸಂಸ್ಥೆಗಳು:

31. ಆಯುಕ್ತರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಸೇವೆಗಳು ಮತ್ತು ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇವರುಗಳು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಯೋಜನೆಯ ಅನುಷ್ಠಾನ ಮತ್ತು ವ್ಯವಸ್ಥಾಪನೆಯ ಜವಾಬ್ದಾರಿಯನ್ನು ಹೊಂದಿರುತ್ತಾರೆ.

ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳು:

32. ಅನುಬಂಧ-1ರಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿರುವಂತೆ ಎಲ್ಲಾ ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳನ್ನು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಮಾತ್ರವೇ ಒದಗಿಸಲಾಗುವುದು. ಈ ಸೇವೆಗಳನ್ನು ನಾಗರಿಕರ ನಿವಾಸ ಸ್ಥಳಕ್ಕೆ ಸಮೀಪದಲ್ಲಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿಯೇ ಒದಗಿಸಲು ಪ್ರಯತ್ನಿಸಲಾಗುವುದು. ಈ ಸೇವೆಗಳ ವ್ಯಾಪ್ತಿಯನ್ನು ಪ್ರಾಂತ್ಯ ಮೆಡಿಕಲ್ ಸಿಬ್ಬಂದಿಗಳು ಮತ್ತು ಆಶಾ ಕಾರ್ಯಕರ್ತೆಯರು ಮುಖ್ಯವಾಗಿ ಬಾಣಂತಿ ಆರೈಕೆ ಆರೋಗ್ಯ ಸೇವೆಗಳಿಗೆ ಸಂಬಂಧಿಸಿ, ನಾಗರಿಕರ ಮನೆಗಳಿಗೆ ಭೇಟಿ ನೀಡುವ ಮೂಲಕ ಸದೃಢಗೊಳಿಸಲಾಗುವುದು.

ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳು:

33. ಅನುಬಂಧ-2ಎ ರಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿರುವಂತೆ ಎಲ್ಲಾ ಸಾಮಾನ್ಯ ದ್ವಿತೀಯ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳನ್ನು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಮಾತ್ರ ಒದಗಿಸಲಾಗುವುದು.
34. ಅನುಬಂಧ 2ಬಿ ದಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿರುವಂತೆ, ಎಲ್ಲಾ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳನ್ನು ಎಲ್ಲಾ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಕೂಡ ಒದಗಿಸಲಾಗುವುದು. ಇವುಗಳು ತಾಲೂಕು ಅಥವಾ ಜಿಲ್ಲೆಯಲ್ಲಿನ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಇರುವ ವೈದ್ಯಕೀಯ ಸಾಮರ್ಥ್ಯವನ್ನು ಅವಲಂಬಿಸಿದೆ.

35. ಅನುಬಂಧ 2ಬಿ ದಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿರುವಂತೆ ಅಗತ್ಯವಿರುವ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗೆ ಅಗತ್ಯವಿರುವ ವೈದ್ಯಕೀಯ ಸಾಮರ್ಥ್ಯ ಜಿಲ್ಲೆಯ ಒಳಗಿನ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಲಭ್ಯವಿಲ್ಲದೇ ಇದ್ದಾಗ, ರೋಗಿಯನ್ನು ಯಾವುದೇ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆದುಕೊಳ್ಳಲು ಶಿಫಾರಸ್ಸು ಮಾಡತಕ್ಕದ್ದು.

ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳು:

36. ಜಿಲ್ಲೆಯಲ್ಲಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಚಿಕಿತ್ಸೆಗೆ ಅವಶ್ಯವಿರುವ ವೈದ್ಯಕೀಯ ಸಾಮರ್ಥ್ಯ ಲಭ್ಯವಿದ್ದಲ್ಲಿ ಅನುಬಂಧ 3ರಲ್ಲಿನ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳನ್ನು ಒದಗಿಸಲಾಗುವುದು.
37. ಒಂದೇ ಜಿಲ್ಲೆಯಲ್ಲಿರುವ ಅಥವಾ ಪಕ್ಕದ ಜಿಲ್ಲೆಯಲ್ಲಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಅನುಬಂಧ 3ರಲ್ಲಿನ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳಿಗೆ ಅವಶ್ಯವಿರುವ ವೈದ್ಯಕೀಯ ಸಾಮರ್ಥ್ಯ ಲಭ್ಯವಿಲ್ಲದಿದ್ದಲ್ಲಿ, ರೋಗಿಯನ್ನು ಯಾವುದಾದರೂ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಚಿಕಿತ್ಸೆಯನ್ನು ಪಡೆದುಕೊಳ್ಳಲು ಶಿಫಾರಸ್ಸು ಮಾಡತಕ್ಕದ್ದು.

ಅನುಷ್ಠಾನದ ಸಂಸ್ಥೆಗಳ ಮ್ಯಾಪಿಂಗ್ (ಗುರುತಿಸುವಿಕೆ) ತಯಾರಿ:

38. ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಆರೈಕೆ ಸೇವೆಗಳು, ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಸೇವಾ ಚಿಕಿತ್ಸೆಗಳು, ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಚಿಕಿತ್ಸೆಗಳು, ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳು ಮತ್ತು ತುರ್ತು ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳನ್ನು ಒದಗಿಸಲು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ವ್ಯಾಪ್ತಿಯಲ್ಲಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ಮ್ಯಾಪಿಂಗ್‌ನ್ನು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಆಯುಕ್ತರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆಯ ಆಡಳಿತದಲ್ಲಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ಮ್ಯಾಪಿಂಗ್‌ನ್ನು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆಯ ನಿರ್ದೇಶಕರ ಜೊತೆಗೂಡಿ ಸಿದ್ಧಪಡಿಸಬೇಕು. ಈ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಯೋಜನೆಯ ಸಿದ್ಧತೆಯನ್ನು ಸಾರ್ವಜನಿಕರ ತಿಳುವಳಿಕೆಗೆ ತರಬೇಕು ಮತ್ತು ನಿತ್ಯವೂ ಅದನ್ನು ಅಪ್‌ಡೇಟ್ ಮಾಡುತ್ತಿರಬೇಕು.
39. ಹಾಗೆಯೇ, ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳು ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳನ್ನು ಒದಗಿಸಲು ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳ ಗುರುತಿಸುವಿಕೆಯನ್ನು SAST ಮಾಡಬೇಕು. ಆ ಆಸ್ಪತ್ರೆಗಳ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಯೋಜನೆಯ ಸಿದ್ಧತೆಯನ್ನು ಸಾರ್ವಜನಿಕರ ತಿಳುವಳಿಕೆಗೆ ತರಬೇಕು ಮತ್ತು ನಿತ್ಯವೂ ಅದನ್ನು ಅಪ್‌ಡೇಟ್ ಮಾಡುತ್ತಿರಬೇಕು.

ಅನುಷ್ಠಾನ ಸಂಸ್ಥೆಗಳ ನೋಂದಾಯಿಸುವಿಕೆ:

40. ಎಲ್ಲಾ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳನ್ನು ಈ ಯೋಜನೆಯಡಿ ಕಡ್ಡಾಯವಾಗಿ ನೋಂದಾಯಿಸತಕ್ಕದ್ದು. ಆದರೆ ಅವುಗಳ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಸಿದ್ಧತೆಯನ್ನು ರಚಿಸಲಾಗಿರುವ ನಿಯಮಗಳಿಗೆ ತಕ್ಕಂತೆ ವಿಶ್ಲೇಷಿಸಬೇಕು ಮತ್ತು ನಿರ್ದಿಷ್ಟ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಅವುಗಳ ಸಿದ್ಧತೆಯ ಕುರಿತು ಸಾರ್ವಜನಿಕರ ತಿಳುವಳಿಕೆಗೆ ತರಬೇಕು.

41. ಅನುಬಂಧ-6ರಲ್ಲಿ ನಿರ್ದಿಷ್ಟವಾಗಿ ಸೂಚಿಸಲಾಗಿರುವ ನಿಯಮಗಳನ್ನು ಪಾಲಿಸುವ ರಾಜ್ಯದ ಎಲ್ಲಾ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳು ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳು ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳನ್ನು ಒದಗಿಸಲು SAST ನಲ್ಲಿ ನೋಂದಾಯಿಸಿಕೊಳ್ಳಲು ಅರ್ಹತೆ ಪಡೆದುಕೊಳ್ಳುತ್ತವೆ.
42. ಪ್ರಸ್ತುತ SAST ನಲ್ಲಿ ಅಥವಾ ಯಶಸ್ವಿನಿ ಟ್ರಸ್ಟ್ ಅಥವಾ RSBY ವಿಮಾ ಕಂಪನಿಗಳ ಜೊತೆಗೆ ನೋಂದಾಯಿಸಿಕೊಂಡಿರುವ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಯೋಜನೆಯಡಿ ನೋಂದಾಯಿಸಿಕೊಳ್ಳುವ ಅವಕಾಶವನ್ನು ಅನುಬಂಧ-6ರಲ್ಲಿ ವಿವರಿಸಲಾದ ಮಾನದಂಡಗಳನ್ನು 6 ತಿಂಗಳ ಒಳಗೆ ಪೂರೈಸುವ ಷರತ್ತಿಗೆ ಒಳಪಟ್ಟು ನೀಡಲಾಗುವುದು.
43. ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ಮತ್ತು ಗಡಿ ಜಿಲ್ಲೆಗಳ ನೋಂದಾಯಿತ ಆಸ್ಪತ್ರೆಗಳ ಸಾಮರ್ಥ್ಯವು ಸಾಕಷ್ಟಿಲ್ಲ ಎಂದು ತಿಳಿದಾಗ ತೃತೀಯ ಹಂತದ ಆರೈಕೆಗೆ ಮಾತ್ರವೇ ನೆರೆಹೊರೆಯ ರಾಜ್ಯಗಳಲ್ಲಿರುವ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳ ನೋಂದಾವಣೆಯನ್ನು ಪರಿಗಣಿಸಬಹುದು.

ಪ್ಯಾಕೇಜ್ ದರಗಳು:

44. ಸೂಚಿಸಲಾಗಿರುವ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳು ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಪ್ಯಾಕೇಜ್ ದರಗಳನ್ನು ನೀಡಲಾಗುವುದು. ಈ ದರಗಳು ಎಲ್ಲಾ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಏಕರೂಪವಾಗಿರತಕ್ಕದ್ದು. ಆದರೆ, NABH ನಿಂದ ರೋಗಿಯ ಸುರಕ್ಷತೆ ಮತ್ತು ಗುಣಮಟ್ಟದ ಚಿಕಿತ್ಸೆಗಾಗಿ ಪೂರ್ಣ ಮಾನ್ಯತೆ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಪ್ಯಾಕೇಜ್ ದರಗಳ ಶೇ.2ರಷ್ಟು ಹೆಚ್ಚುವರಿ ಉತ್ತೇಜಕ ಮೊತ್ತವನ್ನು ಒದಗಿಸಲಾಗುವುದು.
45. ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಪ್ಯಾಕೇಜ್ ದರಗಳನ್ನು Karnataka Private Medical Establishment ಕಾಯಿದೆಯಲ್ಲಿ ಅವಕಾಶ ಮಾಡಿರುವಂತೆ ಹಾಗೂ ತಜ್ಞರ ಸಮಿತಿಗಳ ಶಿಫಾರಸ್ಸುಗಳ ಆಧಾರದಲ್ಲಿ ಕಾಲಕಾಲಕ್ಕೆ ನಿಗದಿಗೊಳಿಸಲಾಗುವುದು ಮತ್ತು ಪರಿಷ್ಕರಿಸಲಾಗುವುದು. ಪ್ಯಾಕೇಜ್ ದರಗಳನ್ನು ನಿಗದಿಪಡಿಸುವ ಸೂತ್ರದ (ನಾರ್ಮ್ಸ್) ಬಗ್ಗೆ ಸರ್ಕಾರವು ಪ್ರತ್ಯೇಕ ಆದೇಶವನ್ನು ಹೊರಡಿಸುವುದು.
46. ಅನುಬಂಧ-2ಬಿ, 3 ಮತ್ತು 4ಗಳಲ್ಲಿ ಇರುವ ಪಟ್ಟಿಯನ್ನು ಆಧರಿಸಿ ಯೋಜನೆಯ ಪ್ಯಾಕೇಜ್ ದರಗಳನ್ನು ಅನುಬಂಧ-7, 8 ಮತ್ತು 9ರಲ್ಲಿ ನಿಗದಿಪಡಿಸಲಾಗಿದೆ. ಹೊಸ ಯೋಜನೆಯಲ್ಲಿ ಸೇರ್ಪಡೆಯಾಗಿರುವ ವಿವಿಧ ಯೋಜನೆಗಳ ಅಡಿಯಲ್ಲಿರುವ ಈಗಿನ ದರಗಳನ್ನು ಆಧರಿಸಿ ಆ ದರಗಳನ್ನು ಸೂಚಿಸಲಾಗಿದೆ. ದರಗಳ ಮೊದಲ ನವೀಕರಣವನ್ನು 01-10-2018 ರಂದು ನಡೆಸಲಾಗುವುದು.
47. ಆರ್.ಎಸ್.ಬಿ.ವೈ ಮತ್ತು ಯಶಸ್ವಿನಿ ಯೋಜನೆಯ ಸಂಕ್ರಮಣ ಅವಧಿಯು ಕ್ರಮವಾಗಿ 31-03-2018 ಮತ್ತು 30-05-2018 ಇದ್ದು, ಅಲ್ಲಿಯವರೆಗೆ ಈ ಯೋಜನೆಯಲ್ಲಿ ಈಗಾಗಲೇ ಗುರುತಿಸಲಾದ ಪ್ಯಾಕೇಜ್ ದರಗಳು ಅನ್ವಯವಾಗುತ್ತವೆ.
48. ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆಗಳು, ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆಗಳು ಮತ್ತು ತುರ್ತು ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳನ್ನು ಅನುಬಂಧ 2ಬಿ, 3 ಮತ್ತು 4 ರಲ್ಲಿ ಕ್ರಮವಾಗಿ ಸೂಚಿಸಿದ್ದು, ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ವೆಚ್ಚ ಮರುಪಾವತಿ ಮಾಡುವ ಉದ್ದೇಶಕ್ಕಾಗಿ, ಪ್ಯಾಕೇಜ್ ದರ ಮತ್ತು ವಿಧಾನಗಳ ಕುರಿತು ಪ್ರತ್ಯೇಕ ಆದೇಶವನ್ನು ಹೊರಡಿಸಲಾಗುವುದು.
49. ಅನುಬಂಧ 1 ಮತ್ತು 2ಎ ನಲ್ಲಿ ಕ್ರಮವಾಗಿ ಸೂಚಿಸಿರುವಂತೆ ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಆರೈಕೆ ಮತ್ತು ಸಾಮಾನ್ಯ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಿಗೆ ಯಾವುದೇ ಮರುಪಾವತಿ ಮಾಡತಕ್ಕದ್ದಲ್ಲ.

ಅನುಷ್ಠಾನ ಸಂಸ್ಥೆಗಳಿಗೆ ಪಾವತಿ:

50. ಅನುಬಂಧ 2ಬಿ ಮತ್ತು 3 ರಲ್ಲಿ ಸೂಚಿಸಿರುವ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಅಥವಾ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ರೆಫರಲ್ ಮತ್ತು ಪೂರ್ವ ನಿರ್ಧಾರ ಪಡೆದ ನಂತರ ಅರ್ಹತಾ ರೋಗಿಗಳಿಗೆ ಚಿಕಿತ್ಸೆ ಒದಗಿಸುವ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಅನುಬಂಧ-7 ಮತ್ತು 8 ರಲ್ಲಿನ ಪ್ಯಾಕೇಜ್ ದರ ಅಥವಾ ಚಿಕಿತ್ಸೆಯ ನೈಜವಾದ ಬಿಲ್ಲಿನ ಮೊತ್ತಗಳ ಪೈಕಿ ಯಾವುದು ಕಡಿಮೆ ಇರುತ್ತದೋ ಅದನ್ನು ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಎಸ್.ಎ.ಎಸ್.ಟಿ ಯಿಂದ ಪಾವತಿ ಮಾಡತಕ್ಕದ್ದು. ಸಾಮಾನ್ಯ ರೋಗಿಗೆ ಚಿಕಿತ್ಸೆ ಒದಗಿಸಿದಾಗ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಪ್ಯಾಕೇಜ್‌ನ ಶೇ.30 ರಷ್ಟು ದರಕ್ಕೆ ಪಾವತಿಯನ್ನು ಮಿತಿಗೊಳಿಸಲಾಗುವುದು.
51. ಅನುಬಂಧ-4ರಲ್ಲಿ ನಿರ್ದಿಷ್ಟಪಡಿಸಿದಂತೆ ಅರ್ಹ ರೋಗಿಗೆ ತುರ್ತು ಆರೋಗ್ಯ ಚಿಕಿತ್ಸೆಯನ್ನು ಒದಗಿಸುವ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಅನುಬಂಧ-9 ರಲ್ಲಿನ ದರಗಳು ಅಥವಾ ನೈಜವಾದ ಬಿಲ್ ಮೊತ್ತದ ಪೈಕಿ ಯಾವುದು ಕಡಿಮೆ ಇರುತ್ತದೋ ಅದನ್ನು ಸುರ್ವಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ವತಿಯಿಂದ ಪಾವತಿಸಲಾಗುವುದು. ಒಂದು ವೇಳೆ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಸಾಮಾನ್ಯ ರೋಗಿಗೆ ಚಿಕಿತ್ಸೆ ನೀಡಿದಾಗ ಪ್ಯಾಕೇಜ್ ದರದ ಶೇ.30 ಕ್ಕೆ ಮಿತಿಗೊಳಿಸಿದೆ. ತುರ್ತು ಆರೋಗ್ಯ ಚಿಕಿತ್ಸೆಯ ಮರುಪಾವತಿಯು, ತುರ್ತು ಚಿಕಿತ್ಸೆ ನೀಡಿದ ಅಗತ್ಯತೆ ಮತ್ತು ತುರ್ತು ಸ್ಥಿತಿಯನ್ನು ಸ್ಥಿರೀಕರಿಸುವ ಬದ್ಧತೆಗೆ ಒಳಪಡುತ್ತದೆ.
52. ಅರ್ಹತಾ ರೋಗಿಗಳಿಗೆ ಸೂಚಿತ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆ ಅಥವಾ ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆ ಅಥವಾ ತುರ್ತು ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಯನ್ನು ಒದಗಿಸುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಿಗೆ ಕಂಡಿಕೆ 48ರಲ್ಲಿ ತಿಳಿಸಿರುವ ಪ್ಯಾಕೇಜ್

ದರ ಅಥವಾ ನೈಜವಾದ ಶುಲ್ಕದಲ್ಲಿ ಯಾವುದು ಕಡಿಮೆಯಾಗಿರುತ್ತದೆಯೋ ಅದನ್ನು ಪಾವತಿಸತಕ್ಕದ್ದು. ಸಾಮಾನ್ಯ ರೋಗಿಗಳಿಗೆ ಚಿಕಿತ್ಸೆ ಒದಗಿಸಲು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಿಗೆ ಸೂಚಿಸಲಾದ ಪ್ರಾಕ್ಟೀಸ್ ದರದ ಶೇ.30 ರಷ್ಟಕ್ಕೆ ಮಿತಗೊಳಿಸಿ ಪಾವತಿ ಮಾಡಲಾಗುವುದು.

ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಿಗೆ ಉತ್ಪಾದನೆ ಆಧಾರಿತ ಉತ್ತೇಜನಗಳು:

53. ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳು ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗೆ ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಈ ಯೋಜನೆಯಡಿ ಪಡೆದುಕೊಂಡ ಮರುಪಾವತಿ ಮೊತ್ತದ ಶೇ.10 ರಷ್ಟನ್ನು ತನ್ನ ವೈದ್ಯಕೀಯ ಮತ್ತು ಅರೆವೈದ್ಯಕೀಯ ಸಿಬ್ಬಂದಿಗಳಿಗೆ ಉತ್ಪಾದನೆ ಆಧಾರಿತ ಬೋನಸ್ ಕೊಡಲು ಬಳಸಿಕೊಳ್ಳಬಹುದು. ಬಾಕಿ ಉಳಿದ ಶೇ.90 ರಷ್ಟು ಮೊತ್ತವನ್ನು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯ ಆರೋಗ್ಯ ರಕ್ಷ ಸಮಿತಿಯ (ARS) ನಿಧಿಯಲ್ಲಿ ಜಮಾ ಮಾಡತಕ್ಕದ್ದು. ಮತ್ತು ನಿಧಿಯ ಮಾರ್ಗಸೂಚಿಯಂತೆ ಆ ಹಣವನ್ನು ಆಸ್ಪತ್ರೆಯ ವೆಚ್ಚಕ್ಕಾಗಿ ಬಳಸತಕ್ಕದ್ದು.

ಯೋಜನೆಯ ನಿರ್ವಹಣೆ:

54. ಯೋಜನೆಯನ್ನು ಅನುಷ್ಠಾನಗೊಳಿಸಲು ನಿರ್ವಹಿಸಲು ಆಯುಕ್ತರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ ಮತ್ತು ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ರವರು ಇವರುಗಳಿಗೆ ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ಸಂಸ್ಥೆಯು ಬೆಂಬಲ ನೀಡುತ್ತದೆ. ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ಜವಾಬ್ದಾರಿಯು ಈ ಕೆಳಕಂಡ ಚಟುವಟಿಕೆಗಳನ್ನು ಒಳಗೊಂಡಿರುತ್ತದೆ.
- ಗುಣಮಟ್ಟ ಭರವಸೆ ಮತ್ತು ಕುಂದು ಕೊರತೆ ವ್ಯವಸ್ಥೆಯೂ ಸೇರಿದಂತೆ ಯೋಜನೆಯ ಕಾರ್ಯಾಚರಣೆಗೆ ಐಟಿ ವ್ಯವಸ್ಥೆಯನ್ನು ಒದಗಿಸುತ್ತದೆ ಹಾಗೂ ನಿರ್ವಹಿಸುತ್ತದೆ.
 - ಯೋಜನೆಯ ಹಣಕಾಸು ನಿರ್ವಹಣೆ
 - RSBY ಕ್ಲೇಮ್‌ಗಳಿಗೆ ಭಾರತ ಸರ್ಕಾರದಿಂದ ಮರುಪಾವತಿ
 - ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳು ಮತ್ತು ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳ ನೋಂದಾಯಿಸುವಿಕೆ.
 - ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳು ಮತ್ತು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಿಗೆ ಪಾವತಿ
 - ಕೆಪಿಎಂಇ ಕಾಯಿದೆಯಡಿಯಲ್ಲಿ ರಚಿಸಲಾಗಿರುವ ತಜ್ಞರ ಸಮಿತಿಗೆ ಕಾಲಕಾಲಕ್ಕೆ ಪ್ರಾಕ್ಟೀಸ್ ದರಗಳ ಪರಿಷ್ಕರಣೆ ಶಿಫಾರಸ್ಸು ಮಾಡಲು ಸಹಾಯ ಮಾಡುವುದು.
 - ನೋಂದಾಯಿತ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ನಿಯಮಾವಳಿ ರೂಪಿಸುವುದು.
 - ರೆಫರಲ್ ಪ್ರೋಟೋಕಾಲ್ ಮತ್ತು ರೆಫರರಲ್ ವ್ಯವಸ್ಥೆಯನ್ನು ರೂಪಿಸುವುದು.
 - ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆ ಮತ್ತು ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಸಿದ್ಧತೆಯ ನಿಯಮಗಳ ರಚನೆ
 - ವೈದ್ಯಕೀಯ ಲೆಕ್ಕ ಪರಿಶೋಧನೆಯ ಮೂಲ ಪ್ರತಿಯ ರಚನೆ;
 - ಕ್ಲೇಮುಗಳ ಅನುಮೋದನೆ ಮತ್ತು ಆರ್ಥಿಕ ಲೆಕ್ಕಪರಿಶೋಧನೆ ಪ್ರೋಟೋಕಾಲ್ ರೂಪಿಸುವುದು;
55. ಸರ್ಕಾರದ ಅನುಮೋದನೆ ಪಡೆದು ಚಿಕಿತ್ಸಾ ಪ್ರಾಕ್ಟೀಸ್‌ಗಳ ದರಗಳನ್ನು ನಿಗದಿ ಮತ್ತು ಕಾಲಕಾಲಕ್ಕೆ ಪರಿಷ್ಕರಣೆ ಮಾಡಲಾಗುವುದು. ಅನುಬಂಧ 1, 2ಎ, 2ಬಿ, 3 ಮತ್ತು 4 ರಲ್ಲಿ ಪಟ್ಟಿಮಾಡಿರುವ ಸೂಚಿತ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಮಾಡುವ ಯಾವುದೇ ಪರಿಷ್ಕರಣೆಗಳಿಗೆ ಸರ್ಕಾರದ ಅನುಮೋದನೆಯ ಅವಶ್ಯಕತೆ ಇರುತ್ತದೆ.
56. ಕಂಡಿಕೆ 54ರಲ್ಲಿನ ಕ್ರಮ ಸಂಖ್ಯೆ (vii) ರಿಂದ (xi) ನಲ್ಲಿ ಸೂಚಿಸಲಾಗಿರುವ ಚಟುವಟಿಕೆಗಳನ್ನು SAST ವತಿಯಿಂದ ಸರ್ಕಾರದ ಅನುಮೋದನೆಯೊಂದಿಗೆ ರಚಿಸಲಾಗಿರುವ ನಿರ್ದಿಷ್ಟ ತಜ್ಞರ ಸಮಿತಿಗಳನ್ನು ಆಧರಿಸಿ ನಡೆಸಲಾಗುವುದು. ಆ ಸಮಿತಿಯ ಶಿಫಾರಸ್ಸುಗಳನ್ನು ಟ್ರಸ್ಟಿಗಳ ಮಂಡಳಿಯು ಅಂಗೀಕರಿಸಬೇಕಿದೆ.
57. ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಆಡಳಿತದಲ್ಲಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಆರೋಗ್ಯ ಸೇವೆಗಳನ್ನು ಒದಗಿಸುವ ಕಾರ್ಯಾಚರಣೆ ಜವಾಬ್ದಾರಿಯು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಆಯುಕ್ತರು ಮತ್ತು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆಯ ಆಡಳಿತದಲ್ಲಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ಜವಾಬ್ದಾರಿಯು ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇವರುಗಳ ಮೇಲಿರುತ್ತದೆ.
58. ಯಶಸ್ವಿನಿ ಯೋಜನೆಯ ವರ್ಗಾವಣೆ ಅವಧಿಯ ಸಂದರ್ಭದಲ್ಲಿ ಯಶಸ್ವಿನಿ ಟ್ರಸ್ಟ್ ಯೋಜನೆಯ ಕಾರ್ಯಾಚರಣೆ ನಿರ್ವಹಣೆಯ ಮತ್ತು ಸಂಬಂಧಿಸಿದ ಆಸ್ಪತ್ರೆಯ ಪಾವತಿಗಳ ಜವಾಬ್ದಾರಿಯನ್ನು ಹೊಂದಿರುತ್ತದೆ. ಈ ಅವಧಿಯಲ್ಲಿ SAST ಪಾತ್ರವು ಶ್ರೀ ಆಥರ್ವಸೇಷನ್, ಅನುಮೋದಿತ ಕ್ಲೇಮುಗಳ ಪಾವತಿ ಮತ್ತು ಕ್ಲೇಮುಗಳ ಆಡಿಟ್‌ಗಳ ಜವಾಬ್ದಾರಿಯನ್ನು ಮಾತ್ರ ಹೊಂದಿರುತ್ತದೆ.
59. ಯೋಜನೆಯ ನಿರ್ವಹಣೆಗಾಗಿ SAST ಗೆ ಪಾವತಿಸಬೇಕಾದ ಆಡಳಿತ ಶುಲ್ಕಗಳನ್ನು ಪ್ರತ್ಯೇಕ ಆದೇಶದಲ್ಲಿ ಮಂಜೂರು ಮಾಡಲಾಗುವುದು.

ಐಟಿ ವ್ಯವಸ್ಥೆ:

60. ರೋಗಿಗಳ ನೋಂದಣಿ, ರೋಗಿಗಳ ಶಿಫಾರಸ್ಸು, ರೋಗಿಗಳ ಸ್ವಾಧೀನ ಮತ್ತು ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಸಿದ್ಧತೆಯನ್ನು ಬಹಿರಂಗಗೊಳಿಸಲು ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ಐಟಿ ವ್ಯವಸ್ಥೆಗಳನ್ನು ಸ್ಥಾಪಿಸತಕ್ಕದ್ದು.
61. ರೋಗಿಗಳನ್ನು ಮೊದಲ ಬಾರಿಗೆ ನೋಂದಣಿ ಮಾಡಿಕೊಳ್ಳುವುದನ್ನು ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ನೋಂದಣಿ ಸಾಫ್ಟ್‌ವೇರ್ ಮೂಲಕ ಮಾಡಬೇಕು.
62. ಒಂದು ಬಾರಿ ನೋಂದಣಿ ಮಾಡಿಕೊಂಡ ಮೇಲೆ ರೋಗಿಗಳ ದಾಖಲೆಗೆ, ಶಿಫಾರಸ್ಸು ನಿರ್ವಹಿಸಲು, ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಯೋಜನೆ ಸಿದ್ಧತೆ ಮಾಹಿತಿಗಳ ವಿವರಗಳು ಮತ್ತು ಅನುಬಂಧ 2ಎ ಮತ್ತು 3ರಲ್ಲಿ ಕ್ರಮವಾಗಿ ಸೂಚಿಸಿರುವ ಸಂಕೀರ್ಣ ದ್ವಿತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳು ಮತ್ತು ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಕ್ಷೇಮಗಳನ್ನು ಸಲ್ಲಿಸಲು ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ಇ-ಆಸ್ಪತ್ರೆ ಸಾಫ್ಟ್‌ವೇರ್‌ಗಾಗಿ ಅಥವಾ ಯಾವುದೇ ಇತರ ಕಸ್ಟಮೈಸ್ಡ್ ಸಾಫ್ಟ್‌ವೇರ್‌ಗಳಿಗೆ ಭದ್ರತಾ ಜಾಲ ಮತ್ತು ತನ್ನ ಐಟಿ ವ್ಯವಸ್ಥೆಗಳನ್ನು ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ಒದಗಿಸತಕ್ಕದ್ದು.
63. ಸರ್ಕಾರಿ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಿಂದ ಶಿಫಾರಸ್ಸು ಪಡೆದುಕೊಂಡು ರೋಗಿಗಳ ಸ್ವಾಧೀನ, ಪೂರ್ವನಿರ್ಧಾರಿತ ಬೇಡಿಕೆಗಳು, ಕ್ಷೇಮ ಸಲ್ಲಿಕೆ ಮತ್ತು ತುರ್ತು ಸಂದರ್ಭದಲ್ಲಿ ರೋಗಿಗಳ ನೋಂದಣಿಗೆ ಭದ್ರತಾ ಜಾಲ ಮತ್ತು ತನ್ನ ಐಟಿ ವ್ಯವಸ್ಥೆಗಳಿಗೆ ನೋಂದಾಯಿತ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಸುರಕ್ಷಿತ ಪ್ರವೇಶವನ್ನು ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್‌ನ ಐಟಿ ವ್ಯವಸ್ಥೆಯಲ್ಲಿ ಒದಗಿಸತಕ್ಕದ್ದು.
64. ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳು ಮತ್ತು ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳು ಅಗತ್ಯ ಮಾಹಿತಿಯನ್ನು ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ಐಟಿ ವ್ಯವಸ್ಥೆಗೆ ಒದಗಿಸಲು ತಮ್ಮ ಮಾಹಿತಿ ವ್ಯವಸ್ಥೆಯನ್ನು ಮೇಲಿನ ಸ್ಥರಕ್ಕೆ ತರುವ ಅಗತ್ಯವಿದೆ. ಕನಿಷ್ಠ ಪಕ್ಷ ಪ್ರತಿ ನಿತ್ಯ ಸಾರ್ವಜನಿಕರಿಗೆ ಮಾಹಿತಿ ನೀಡಬೇಕು.
65. ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಆಯುಕ್ತರು ಮತ್ತು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣದ ನಿರ್ದೇಶಕರು ರೋಗಿಗಳ ನೋಂದಣಿ ವ್ಯವಸ್ಥೆ ಮತ್ತು ರೋಗಿಗಳ ಶಿಫಾರಸ್ಸು ವ್ಯವಸ್ಥೆಯನ್ನು ಇ-ಆಸ್ಪತ್ರೆ ಸಾಫ್ಟ್‌ವೇರ್‌ನಲ್ಲಿ ಸೂಕ್ತ ಕಸ್ಟಮೈಸ್ಡ್ ಮಾಡುವ ಮೂಲಕ ತಮ್ಮ ಆಡಳಿತದಲ್ಲಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಸ್ಥಾಪಿಸುವ ಜವಾಬ್ದಾರಿಯನ್ನು ಹೊಂದಿದ್ದಾರೆ. ನೋಂದಣಿಗೆ ಮತ್ತು ಶಿಫಾರಸ್ಸು ವ್ಯವಸ್ಥೆಗೆ ಅಭಿವೃದ್ಧಿಪಡಿಸಬೇಕಾಗಿರುವ ಪ್ರೋಟೋಕಾಲ್‌ಗೆ ಅನುಗುಣವಾಗಿ ಅಗತ್ಯವಿರುವ FRS ದಾಖಲೆಯನ್ನು ಸಿದ್ಧಪಡಿಸಲು ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ನೆರವಾಗಲಿದೆ. ಇ-ಆಸ್ಪತ್ರೆಯ ಕಸ್ಟಮೈಸ್ಡ್ ಮಾಡುವುದು ಮತ್ತು ವೈದ್ಯಕೀಯ ಮತ್ತು ಅರೆ ವೈದ್ಯಕೀಯ ಸಿಬ್ಬಂದಿಗೆ ಈ ವ್ಯವಸ್ಥೆಗಳನ್ನು ಬಳಸಲು ತರಬೇತಿ ನೀಡುವುದನ್ನು ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ಮಾಡಲಿದೆ.
66. ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಆಯುಕ್ತರು ಮತ್ತು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ನಿರ್ದೇಶಕರು ತಮ್ಮ ಆಡಳಿತದಲ್ಲಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಬಯೋಮೆಟ್ರಿಕ್ ಹಾಜರಿ ವ್ಯವಸ್ಥೆಗಳನ್ನು ತರುವ ಜವಾಬ್ದಾರಿಯನ್ನೂ ಹೊಂದಿರುತ್ತಾರೆ. ಆ ಮೂಲಕ ವೈದ್ಯಕೀಯ ಮತ್ತು ಅರೆ ವೈದ್ಯಕೀಯ ಸಿಬ್ಬಂದಿ ಸೇವೆಗಳನ್ನು ಒದಗಿಸಲು ಲಭ್ಯವಿರುತ್ತಾರೆ ಎನ್ನುವ ಭರವಸೆಯನ್ನು ಖಚಿತಪಡಿಸಬೇಕು.
67. ಆರ್.ಬಿ.ಎಸ್.ಕೆ ಅನುಷ್ಠಾನಕ್ಕಾಗಿ “ವಿದ್ಯಾರ್ಥಿಗಳ ಸಾಧನೆ ಪತ್ತೆ ವ್ಯವಸ್ಥೆ”ಯಲ್ಲಿ “ವಿದ್ಯಾರ್ಥಿ ಆರೋಗ್ಯ ಮಾಡ್ಯುಲ್” ಅನ್ನು ಸರ್ಕಾರಿ ಮತ್ತು ಅನುದಾನಿತ ಶಾಲೆಗಳಲ್ಲಿ ಅನುಷ್ಠಾನಕ್ಕಾಗಿ ಒದಗಿಸಲು ಪ್ರಾಥಮಿಕ ಮತ್ತು ಪ್ರೌಢ ಶಿಕ್ಷಣ ಇಲಾಖೆಯನ್ನು ಪ್ರೋತ್ಸಾಹಿಸಲಾಗುವುದು.

ಸಾರ್ವಜನಿಕರಿಗೆ ಪ್ರಕಟಣೆ:

68. ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್‌ನ ಕೆಳಗಿನ ಮಾಹಿತಿಯನ್ನು ಸಾರ್ವಜನಿಕ ಕ್ಷೇತ್ರದಲ್ಲಿ ಸ್ಥಾಪಿಸಲು ಅನುವು ಮಾಡಿಕೊಡುವುದು. ಆಯುಕ್ತರು, ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ ಮತ್ತು ನಿರ್ದೇಶಕರು, ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇವರುಗಳು ಈ ಯೋಜನೆಯನ್ನು ಕ್ರಮಬದ್ಧವಾಗಿ ಅನುಷ್ಠಾನಗೊಳಿಸಲು ಹಾಗೂ ಈ ಮೂಲಕ ರೋಗಿಗಳು ಒಳ್ಳೆಯ ಆಯ್ಕೆ ಮಾಡಿಕೊಳ್ಳಲು ಅನುಕೂಲ ಮಾಡಿಕೊಡುವುದು :
 - i. ಭೌಗೋಳಿಕ ಆಧಾರದ ಮೇಲೆ ಲಭ್ಯವಿರುವ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳು ಮತ್ತು ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿನಿರ್ದಿಷ್ಟಪಡಿಸಲಾದ ಚಿಕಿತ್ಸೆಗಳು;
 - ii. ನಿರ್ದಿಷ್ಟ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ಮತ್ತು ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳ ಸಿದ್ಧತೆ;
 - iii. ಪ್ರತಿ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳು ಮತ್ತು ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳು ನೀಡಿರುವ ಚಿಕಿತ್ಸೆಗಳ ಸಂಖ್ಯೆ ಮತ್ತು ವಿವರ;
 - iv. ಸರ್ಕಾರದಿಂದ ಅನುಮೋದಿಸಿರುವ ಪ್ರಾಕ್ಟೀಸ್ ದರಗಳ ಪಟ್ಟಿ;
 - v. ಪ್ರತಿ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆ ಸಾಮಾನ್ಯ ವರ್ಗದ ರೋಗಿಗಳಿಗೆ ನೀಡಬೇಕಾದ ಚಿಕಿತ್ಸೆಯ ಪ್ರಾಕ್ಟೀಸ್ ದರದ ಪಟ್ಟಿ;

69. ಮೇಲೆ ಉಲ್ಲೇಖಿಸಲಾದ ಮಾಹಿತಿಯನ್ನು ಸಾರ್ವಜನಿಕರು ಪಡೆದುಕೊಳ್ಳುವುದನ್ನು ಸೂಕ್ತ ಮೊಬೈಲ್ ಆಪ್, ಸಾರ್ವಜನಿಕ ವೆಬ್‌ತಾಣ, ಎಸ್‌ಎಂಎಸ್ ಆಧಾರಿತ ಪ್ರಶ್ನಾವಳಿ ವ್ಯವಸ್ಥೆ ಮತ್ತು ಸಂವಹನದ ಧ್ವನಿ ಆಧಾರಿತ ಪ್ರಶ್ನಾ ವ್ಯವಸ್ಥೆ ಮತ್ತು ಕಾಲ್ ಸೆಂಟರ್‌ಮೂಲಕ ಒದಗಿಸಲಾಗುವುದು.

ಯೋಜನೆಗೆ ಅನುದಾನ ನೀಡುವುದು:

70. ಈ ಯೋಜನೆಯ ಅನುಷ್ಠಾನಕ್ಕೆ ಲಭ್ಯವಿರುವ ಅನುದಾನವನ್ನು ಪ್ರಾಥಮಿಕವಾಗಿ ಲೆಕ್ಕಶೀರ್ಷಿಕೆ 2210-80-001-0-01 ರಲ್ಲಿ ಭರಿಸಲಾಗುವುದು. ಯೋಜನೆಯ ವಿವರವನ್ನು “ಆರೋಗ್ಯ ಕರ್ನಾಟಕ” ಎಂದು ಮಾರ್ಪಡಿಸಲಾಗಿದೆ.
71. 2017-18 ಮತ್ತು 2018-19 ನಡುವಿನ ವರ್ಗಾವಣೆ ಅವಧಿಯಲ್ಲಿ ಯಶಸ್ವಿನಿ ಯೋಜನೆಯ ರೋಗಿಗಳ ಚಿಕಿತ್ಸಾ ವೆಚ್ಚವನ್ನು HOA 2425-00-108-0-57 ಅಡಿಯಲ್ಲಿ ಲಭ್ಯವಿರುವ ಬಜೆಟ್ ಸೌಲಭ್ಯದಲ್ಲಿ ಒದಗಿಸಲಾಗುವುದು. ಈ ಸೌಲಭ್ಯವನ್ನು ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆಯ ಅಡಿಯಲ್ಲಿ 2018-19 ಆಯವ್ಯಯದಲ್ಲಿ ತರಲಾಗುವುದು.
72. RSBY ರೋಗಿಗಳಿಗೆ ತಗಲುವ ವೆಚ್ಚವನ್ನು HOA 2210-80-800-0-27 ಅಡಿಯಲ್ಲಿ ಲಭ್ಯವಿರುವ ಬಜೆಟ್ ಸೌಲಭ್ಯದಲ್ಲಿ ಪ್ರತ್ಯೇಕವಾಗಿ ಭಾರತ ಸರ್ಕಾರದಿಂದ ಬೇಡಿಕೆಯೊಂದಿಗೆ ಲೆಕ್ಕಗಳನ್ನು ನಿರ್ವಹಿಸುವ ಮೂಲಕ ಮರುಪಾವತಿಸಲಾಗುವುದು.
73. RBSK ರೋಗಿಗಳ ಮೇಲಿನ ವೆಚ್ಚವನ್ನು ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಅಂಗೀಕರಿಸಲಾದ ಅನುದಾನದಿಂದ ಭರಿಸಲಾಗುವುದು.

ವಾಜಪೇಯಿ ಆರೋಗ್ಯಶ್ರೀ ಯೋಜನೆಯ ಪರಿವರ್ತನೆ ವಿಧಾನಗಳು:

74. ದಿನಾಂಕ: 31.05.2018 ರ ವರೆಗೂ ತೃತೀಯ ಹಂತದ ಚಿಕಿತ್ಸೆಯ ಅಗತ್ಯವಿರುವ ನಾಗರಿಕರಿಗೆ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ರೆಫರಲ್ ಇಲ್ಲದೇ ಯಾವುದೇ ಆರೋಗ್ಯ ಕರ್ನಾಟಕ ಅಥವಾ ವಾಜಪೇಯಿ ಆರೋಗ್ಯಶ್ರೀ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಚಿಕಿತ್ಸೆ ಪಡೆಯಬಹುದು. ಆದಾಗ್ಯೂ, ಅಂತಹ ಸೌಲಭ್ಯವು ಅದೇ ಜಿಲ್ಲೆಯ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯಲ್ಲಿ ಲಭ್ಯವಿದ್ದರೆ ರೋಗಿಯು ನೋಂದಣಿ ಪಡೆದುಕೊಳ್ಳಬೇಕು. ರೋಗಿಯ ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಇರುವ ಯಾವುದೇ ಸಾರ್ವಜನಿಕ ಸಂಸ್ಥೆಯಲ್ಲಿ ಆರೋಗ್ಯ ಕಾರ್ಡ್ ಪಡೆಯುವ ವ್ಯವಸ್ಥೆ ಇದ್ದಲ್ಲಿ ಆ ಅಂತಹ ಸಂಸ್ಥೆಯಿಂದ ಪಡೆದುಕೊಂಡು ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ತೃತೀಯ ಹಂತದ ಚಿಕಿತ್ಸೆಯನ್ನು ನೆರವಾಗಿ ಪಡೆದುಕೊಳ್ಳಬಹುದು. ಒಂದು ವೇಳೆ ಆ ಜಿಲ್ಲೆಗಳಲ್ಲಿ ಆ ಕಾರ್ಡ್ ಪಡೆಯುವ ವ್ಯವಸ್ಥೆ ಇಲ್ಲದಿದ್ದಲ್ಲಿ ನೆರವಾಗಿ ನೋಂದಾಯಿತ ಆರೋಗ್ಯಶ್ರೀ ಯೋಜನೆಯಡಿ ನೋಂದಣಿಯಾದ ಆಸ್ಪತ್ರೆ ಸಂಪರ್ಕಿಸಿ ಆಧಾರ್ ಸಂಖ್ಯೆ ಮತ್ತು PDS ಕಾರ್ಡ್ ಕೊಡತಕ್ಕದ್ದು. ಆ ಆಸ್ಪತ್ರೆಯು ಪ್ರೀಆಥರೈಸೆಷನ್ ಕೋರಿಕೆಯಿದ್ದಲ್ಲಿ ಈ ಆಧಾರ್ ಕಾರ್ಡ್ ಮತ್ತು PDS ಕಾರ್ಡ್ ಸಂಖ್ಯೆ SAST ಗೆ ಒದಗಿಸಿ ಪ್ರೀಆಥರೈಸೆಷನ್ ಪಡೆದು ಚಿಕಿತ್ಸೆಯನ್ನು ನೀಡತಕ್ಕದ್ದು.
75. ದಿನಾಂಕ 01.06.2018 ರಿಂದ ತುರ್ತು ಸಂದರ್ಭಗಳನ್ನು ಹೊರತುಪಡಿಸಿ, ತೃತೀಯ ಹಂತದ ಆರೋಗ್ಯ ಆರೈಕೆ ಚಿಕಿತ್ಸೆಗಾಗಿ ನೋಂದಾಯಿತ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಯಲ್ಲಿನ ಚಿಕಿತ್ಸೆಗಾಗಿ ಸಂಬಂಧಿಸಿದ ರೆಫರಲ್/ಉಲ್ಲೇಖವು ಅಗತ್ಯವಾಗಿದ್ದು, ಮೇಲಿನ 21 ರಿಂದ 26 ನೇ ಕಂಡಿಕೆಯಲ್ಲಿ ಸೂಚಿಸಿರುವಂತೆ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯ ಮೂಲಕವೇ ರೆಫರಲ್ ಪಡೆಯತಕ್ಕದ್ದು.

‘ರಾಷ್ಟ್ರೀಯ ಸ್ವಾಸ್ಥ್ಯ ಭೀಮಾ ಯೋಜನೆ’ (RSBY) ಯೋಜನೆಯ ಪರಿವರ್ತನೆ ವಿಧಾನಗಳು:

76. ಭಾರತ ಸರ್ಕಾರ ಸೂಚಿಸಿದ ಯೋಜನೆಯ ಮಾರ್ಗದರ್ಶಿ ಸೂತ್ರಗಳ ಪ್ರಕಾರ ‘ರಾಷ್ಟ್ರೀಯ ಸ್ವಾಸ್ಥ್ಯ ಭೀಮಾ ಯೋಜನೆ’ (RSBY) ಅನುಷ್ಠಾನ ವಿಮಾ ಮಾದರಿಯಲ್ಲಿ ಮುಂದುವರೆಯುತ್ತದೆ. ಆದಾಗ್ಯೂ, ಸುವರ್ಣ ಆರೋಗ್ಯಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ಅಡಿಯಲ್ಲಿ 01-04-2018 ರಿಂದ ಆರೋಗ್ಯ ಭರವಸೆಮಾದರಿಯ ಮೂಲಕ ಅನುಷ್ಠಾನಕ್ಕೆ ಅನುಮತಿ ಪಡೆಯಲು ಭಾರತ ಸರ್ಕಾರದ ಮನವೊಲಿಸಲು ಪ್ರಯತ್ನಗಳನ್ನು ಮಾಡಲಾಗುತ್ತದೆ.
77. ‘ರಾಷ್ಟ್ರೀಯ ಸ್ವಾಸ್ಥ್ಯ ಭೀಮಾ ಯೋಜನೆ’ (RSBY) ಯ ವಿಮೆ ಮಾದರಿಯನ್ನು ಅನುಸರಿಸುವಾಗ, ಕೆಳಗಿನ ಪರಿಷ್ಕರಣೆಗಳು ದಿನಾಂಕ 01.04.2018 ರಿಂದ ಜಾರಿಗೆ ಬರುವಂತೆ ಅನ್ವಯವಾಗುತ್ತದೆ.
- ಮೂಲತಃ ಯೋಜಿಸಿರುವ 1516 ಚಿಕಿತ್ಸೆಗಳ ಪಟ್ಟಿಯನ್ನು ರ್ಯಾಷನಲೈಸ್ ಮಾಡಿ ಕ್ಲಿನಿಕಲ್ ಎಸ್ಪಾನ್ಸಿವ್‌ಮೆಂಟ್ ಕಾಯಿದೆ (ನೋಂದಣಿ ಮತ್ತು ನಿಯಂತ್ರಣ) 2010, ರಲ್ಲಿ ಸೂಚಿಸಿರುವ ಚಿಕಿತ್ಸೆ ಪಟ್ಟಿ ಮತ್ತು ಅದರ ಸಂಬಂಧಿತ ಕೋಡ್‌ಗಳಿಗೆ ಜೋಡಿಸುವುದು.
 - ವಿವೇಚಿಸಲಾದ ಈ ಪಟ್ಟಿಯಲ್ಲಿರುವ ಚಿಕಿತ್ಸೆಗಳಲ್ಲಿ ಅನುಬಂಧ 1 ಮತ್ತು ಅನುಬಂಧ 2ಎರಲ್ಲಿ ವಿವರಿಸಿರುವಂತೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಮಾಡಲು ಮೀಸಲಿಡತಕ್ಕದ್ದು. ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳ ಮೂಲಕ ಒದಗಿಸಲಾದ ಸೇವೆಗಳಿಗೆ ವಿಮೆ ಕಂಪನಿಗಳಿಂದ ಕ್ಲೇಮ್ ಮರುಪಾವತಿಯನ್ನು ಸುವರ್ಣ ಆರೋಗ್ಯ ಸುರಕ್ಷಾ ಟ್ರಸ್ಟ್ ಪಡೆಯತಕ್ಕದ್ದು.

- iii. ತುರ್ತು ಪರಿಸ್ಥಿತಿಗಳನ್ನು ಹೊರತುಪಡಿಸಿ ಇತರೇ ಚಿಕಿತ್ಸೆಗಳಿಗೆ, ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯ ಮೂಲಕ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಚಿಕಿತ್ಸೆಗಳಿಗೆ ರೆಫರ್ ಮಾಡಲು ಸಂಬಂಧಿಸಿದ ಉಲ್ಲೇಖವನ್ನು ಕಂಡಿಕೆ-21 ರಿಂದ 26 ರಲ್ಲಿ ಸೂಚಿಸಲಾಗಿದೆ.
- iv. 'ರಾಷ್ಟ್ರೀಯ ಸ್ವಾಸ್ಥ್ಯ ಭೀಮಾ ಯೋಜನೆ' (RSBY) ಯ ಅಡಿಯಲ್ಲಿ ಚಿಕಿತ್ಸೆಗೆ ದಾಖಲಾದ ಹಿರಿಯ ನಾಗರಿಕರ ಚಿಕಿತ್ಸೆಯು ಈಗಾಗಲೇ ಭಾರತ ಸರ್ಕಾರವು ಅನುಮತಿಸಿರುವ ಆರೋಗ್ಯ ಭರವಸೆ ಮಾದರಿಯಲ್ಲಿ ಇರುತ್ತದೆ. SAST ಮರುಪಾವತಿಗಾಗಿ ಸಂಬಂಧಿತ ಕ್ಲೇಮ್‌ಗಳನ್ನು ಪ್ರತಿ ತ್ರೈಮಾಸಿಕದಲ್ಲಿ ಪಾವತಿಗಾಗಿ ಕಳುಹಿಸಿಕೊಡತಕ್ಕದ್ದು.
- v. ಮರುಪಾವತಿ ಕ್ಲೇಮ್‌ಗಳ ಸಂಗ್ರಹಣೆ ಮತ್ತು ಅಸಂಘಟಿತ ಕ್ಷೇತ್ರಗಳಲ್ಲಿ ಕೆಲಸ ಮಾಡುವವರ ಆರೋಗ್ಯ ಆರೈಕೆ ಉಸ್ತುವಾರಿಗೆ ಅನುಕೂಲ ಮಾಡಲು "ಆರೋಗ್ಯಕರ್ನಾಟಕ" ಎಂಬ ಅನನ್ಯ ಗುರುತು ಸಂಖ್ಯೆಯ ಬ್ಯಾಕೆಂಡ್ ಮ್ಯಾಪಿಂಗ್‌ಅನ್ನು (Backend mapping)ನ್ನು ರಾಷ್ಟ್ರೀಯ ಸ್ವಾಸ್ಥ್ಯ ಭೀಮಾ ಯೋಜನೆ' (RSBY) ಯ ಗುರುತು ಚೀಟಿಯ ಜೊತೆ SAST ಯು ಆಧಾರ್ ಅಥವಾ ಸಾರ್ವಜನಿಕ ಪಡಿತರ ವಿತರಣಾ ವ್ಯವಸ್ಥೆಯ ಚೀಟಿಯ ಆಧಾರದ ಮೇಲೆ ಸ್ಥಾಪಿಸುತ್ತದೆ.

ಯಶಸ್ವಿನಿ ಯೋಜನೆಗಾಗಿ ಪರಿವರ್ತನೆ ವಿಧಾನಗಳು:

78. ಯಶಸ್ವಿನಿ ಯೋಜನೆಯ ಅಡಿಯಲ್ಲಿ ಸದಸ್ಯರಿಂದ ದೇಣಿಗೆಯನ್ನು ಈಗಾಗಲೇ ಸ್ವೀಕರಿಸಲ್ಪಟ್ಟಿದ್ದು, ಪ್ರಸಕ್ತ ಸಹಕಾರ ವರ್ಷದ ಅಂತ್ಯದವರೆಗೆ ಅಂದರೆ, ದಿನಾಂಕ:31.05.2018ರವರೆಗೆ ಯಶಸ್ವಿನಿ ಯೋಜನೆಯು ಪ್ರಸ್ತುತ ರೂಪದಲ್ಲಿ ಮುಂದುವರೆಯುತ್ತದೆ.
79. 31.05.2018ರ ವರೆಗೆ ನೀಡಲಾಗಿರುವ pre-authorization ಗಳಿಗೆ ಸಂಬಂಧಿಸಿದ ಚಿಕಿತ್ಸೆಯನ್ನು 30.06.2018 ರ ವರೆಗೆ ಪಡೆಯಬಹುದಾಗಿದೆ.
80. ಮುಂದಿನ ಸಹಕಾರ ವರ್ಷದಿಂದ ಯಾವುದೇ ಸಹಕಾರಿ ಸಂಘದ ಸದಸ್ಯರಿಂದ ಕೊಡುಗೆಯನ್ನು ಸ್ವೀಕರಿಸಲಾಗುವುದಿಲ್ಲ.

ಅನುಷ್ಠಾನಕ್ಕೆ ಕಾಲಾವಧಿ:

81. ಈ ಯೋಜನೆಯ ಅನುಷ್ಠಾನವು ಕ್ರಮವಾಗಿ ಮೊದಲು ಅನುಬಂಧ 10ಎ ರಲ್ಲಿ ತಿಳಿಸಿರುವಂತೆ ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ ಮತ್ತು ವೈದ್ಯಕೀಯ ಶಿಕ್ಷಣ ಇಲಾಖೆಯಿಂದ ನಿರ್ವಹಿಸಲ್ಪಡುವ 10 ಪ್ರಮುಖ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ದಿನಾಂಕ: 15.03.2018 ರೊಳಗೆ ಜಾರಿಗೊಳಿಸಲಾಗುವುದು.
82. ನಂತರ ದಿನಾಂಕ: 30.06.2018 ರೊಳಗೆ ಅನುಬಂಧ 10ಬಿ ಯಲ್ಲಿನ ಪಟ್ಟಿಯಂತೆ ಇತರೆ 33 ಪ್ರಮುಖ ಮತ್ತು ಜಿಲ್ಲಾ ಮಟ್ಟದ ಆಸ್ಪತ್ರೆಗಳಲ್ಲಿ ಜಾರಿಗೊಳಿಸಲಾಗುವುದು.
83. ತಾಲ್ಲೂಕು ಮಟ್ಟದ ಆಸ್ಪತ್ರೆಗಳು, ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರ, ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಗಳಲ್ಲಿ ಈ ಯೋಜನೆಯ ಜಾರಿಯನ್ನು ಕ್ರಮವಾಗಿ ದಿನಾಂಕ:30.09.2018, 31.10.2018 ಮತ್ತು 31.12.2018 ರೊಳಗೆ ಪೂರ್ಣಗೊಳಿಸಲಾಗುವುದು.

ಈ ಆದೇಶವನ್ನು ಅಧಿಕೃತ ಪ್ರಾಧಿಕಾರಿಯ ಅನುಮೋದನೆ ಮತ್ತು ಆರ್ಥಿಕ ಇಲಾಖೆಯ ಟಿಪ್ಪಣಿ ಸಂಖ್ಯೆ: ಎಫ್‌ಡಿ1009 ವೆಚ್ಚ 5/2017 ದಿನಾಂಕ: 03.10.2017, ಎಫ್‌ಡಿ 1054 ವೆಚ್ಚ 5/2017 ದಿನಾಂಕ 31.10.2017 ಮತ್ತು ಎಫ್‌ಡಿ 130 ವೆಚ್ಚ 5/2018 ದಿನಾಂಕ 12.2.2018 ರ ಸಹಮತಿಯೊಂದಿಗೆ ಹೊರಡಿಸಲಾಗಿದೆ.

ಕರ್ನಾಟಕ ರಾಜ್ಯಪಾಲರ ಆದೇಶಾನುಸಾರ ಮತ್ತು ಅವರ ಹೆಸರಿನಲ್ಲಿ

ಪದ್ಮ ವಿ

ಸರ್ಕಾರದ ಅಧೀನ ಕಾರ್ಯದರ್ಶಿ (ಪ್ರಭಾರ)

ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ ಕಲ್ಯಾಣ ಇಲಾಖೆ

ಆರೋಗ್ಯ (1&2)

Annexure 1

G.O. No. HFW 91 CGE 2017 DATED: 1.3.2018

Arogya Karnataka - Primary Health Care Services

1. Medical care

- 1.1 OPD services
- 1.2 24 hours emergency services - Appropriate management of injuries and accident, First Aid, stitching of wounds, incision and drainage of abscess, stabilisation of the condition of the patient before referral, Dog bite/snake bite/scorpion bite cases, and other emergency conditions
- 1.3 Referral services. •
- 1.4 In-patient services (6 beds)

2. Maternal and Child Health Care Including Family Planning

Essential

- 2.1 Antenatal care
- 2.2 Intra-natal care: (24-hour delivery services both normal and assisted)
- 2.3 Proficient in identification and basic first aid treatment for PPH, Eclampsia, Sepsis and prompt referral
- 2.4 Postnatal Care
- 2.5 New Born care
- 2.6 Care of the child
- 2.7 Family Welfare

3. Medical Termination of Pregnancies

- 3.1 Essential - Counseling and appropriate referral for safe abortion services (MTP) for those in need.
- 3.2 Desirable - MTP using Manual Vacuum Aspiration (MVA) technique will be provided in PHCs, where trained personnel and facility exist. • Medical Method of Abortion with linkage for timely referral to the facility approved for 2nd trimester of MTP.

4. Management of Reproductive Tract Infections/Sexually Transmitted Infections

- 4.1 Essential – (a) Health education for prevention of RTI/STIs. (b) Treatment of RTI/STIs.

5. Nutrition Services (coordinated with ICDS)**6. School Health**

Essential

- 6.1 Health service provision Screening, Health care and referral
- 6.2 Immunization
- 6.3 Micronutrient (Vitamin A & IFA) Management
- 6.4 De-worming
- 6.5 Capacity Building
- 6.6 Monitoring & Evaluation
- 6.7 Mid-day Meal

Desirable

- 6.8 Health Promoting Schools

7. Adolescent Health Care**8. Promotion of Safe Drinking Water and Basic Sanitation****9. Implementation of National Health Programmes****10. Oral Health****11. Physical Medicine and Rehabilitation (PMR) Services****12. Referral Services****13. Basic Laboratory and Diagnostic Services**

- 14. Selected Surgical Procedures:** The vasectomy, tubectomy (including laparoscopic tubectomy), Medical Termination of pregnancy and cataract surgeries as a camp/fixed day approach have to be carried out in a PHC having facilities of O.T.

ANNEXURE 2A**Government Order No. HFW 91 CGE 2017****Secondary Healthcare Treatments to be provided in Public Health Institutions Only**

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-----------------------------------|---|-----------------------------|---------------------------|
| DENTAL | | | |
| 1 | Complicated Extraction per tooth under LA(Third Molars) | 2A.1 | 2454 |
| 2 | Cyst under LA (Large) | 2A.2 | 2438 |
| 3 | Cyst under LA (Small) | 2A.3 | 2439 |
| 4 | Extraction of tooth under LA | 2A.4 | 2453 |
| 5 | Apisectomy under LA, per tooth | 2A.5 | 2437 |
| 6 | Flap operation per Tooth | 2A.6 | 2440 |
| 7 | Fracture wiring under LA | 2A.7 | 2447 |
| 8 | Gingivectomy per Tooth | 2A.8 | 2441 |
| 9 | Abscess incision | 2A.9 | 2982 |
| 10 | Alveolectomy per tooth | 2A.10 | 2541 |
| 11 | Apical Curettage per tooth | 2A.11 | 2540 |
| 12 | Gingivectomy full mouth | 2A.12 | 2444 |
| 13 | Frenectomy | 2A.13 | 418 |
| 14 | Osteotomy(Alveoplasty) per arch | 2A.14 | 2472 |
| 15 | Pericoronotomy | 2A.15 | 2440 |
| 16 | Pulpotomy | 2A.16 | 2517 |
| 17 | Removal of Impaction | 2A.17 | 2524 |
| 18 | Complete Denture | 2A.18 | 2481 |
| 19 | Removable partial denture | 2A.19 | 2482, 2483, 2484, 2485 |
| 20 | Restoration of teeth per tooth | 2A.20 | 2486, 2487 |
| 21 | Treatment of gums through scaling (three sittings) | 2A.21 | 2489 |
| 22 | Root canal treatment per tooth | 2A.22 | 2474, 2475 |
| 23 | Metal crown per cap | 2A.23 | 2478 |
| 24 | Ceramic crown per cap | 2A.24 | 2526 |
| OBSTETRICS AND GYNAECOLOGY | | | |
| 25 | Cervical Polypectomy | 2A.25 | 763 |
| 26 | Abdominal Hysterectomy with B/L Salphingo oophrectomy | 2A.26 | 704 |
| 27 | Vaginal Hysterectomy | 2A.27 | 708 |
| 28 | Vault Prolapse Abdominal Repair (Incl. Gyne Mesh) | 2A.28 | 758 |
| 29 | Ovarian Cystectomy- Abdominal | 2A.29 | 683 |
| 30 | Myomectomy- Abdominal | 2A.30 | 723 |
| 31 | Hysterectomy - Wertheims operation | 2A.31 | 692 |
| 32 | Salphingo-oophorectomy | 2A.32 | 688 |
| 33 | Stress Incontinence repair- Abdominal/Vaginal | 2A.33 | 1647, 1648 |
| 34 | Bartholin abscess I & D | 2A.34 | 766 |
| 35 | Bartholin Cystectomy | 2A.35 | 837 |
| 36 | Labial Cyst excision | 2A.36 | 765 |

| | | | |
|---------------------|---|-------|-----------|
| 37 | D&C (Dilatation & curettage) | 2A.37 | 718 |
| 38 | Hymenectomy | 2A.38 | 761 |
| 39 | Perineal Tear Repair | 2A.39 | 778 |
| 40 | Vaginal Tear -Repair | 2A.40 | 778 |
| 41 | Normal Delivery | 2A.41 | 781 |
| 42 | Conventional Tubectomy | 2A.42 | 740 |
| 43 | D&C (Dilatation & curettage) > 12 wks (with or without gestation) | 2A.43 | 811 |
| 44 | D&C (Dilatation & Curettage) upto 12 wks (with or without gestation) | 2A.44 | 812 |
| 45 | D&C (Dilatation & curettage) upto 8 wks (with or without gestation) | 2A.45 | 813 |
| 46 | Insertion of IUD Device | 2A.46 | 729 |
| 47 | Laparotomy -failed laparoscopy to explore | 2A.47 | 822 |
| 48 | Cervical biopsy | 2A.48 | 764 |
| 49 | Cone Biopsy Cervix | 2A.49 | 771 |
| 50 | Ablation of Endometriotic adhesions | 2A.50 | 724 |
| 51 | Exploration of perineal haematoma & Resuturing of episiotomy | 2A.51 | 794 |
| 52 | Dysfunctional uterine bleeding | 2A.52 | NA |
| 53 | Elective caesarean section | 2A.53 | 787 |
| 54 | Caesarean Hysterectomy With Bladder Repair | 2B.12 | 706 |
| 55 | Normal Delivery with episiotomy and perineal tear repair | 2A.54 | 781, 782 |
| ORTHOPAEDICS | | | |
| 56 | Small bones external fixation | 2A.55 | 865 |
| 57 | Small bones internal fixation | 2A.56 | 864 |
| 58 | Dislocation /fracture Closed Reduction | 2A.57 | 899 |
| 59 | Bone grafting for any procedure | 2A.58 | 1052 |
| 60 | Skin Grafting Minor - injuries(Add on code) | 2A.59 | 2350, 961 |
| 61 | Implant Removal(Minor) | 2A.60 | 1081 |
| 62 | Implant Removal (Major) | 2A.61 | 1080 |
| 63 | Curettage for osteomyelitis | 2A.62 | 1067 |
| 64 | Synovectomy | 2A.63 | 962 |
| 65 | Arthrodesis Minor joint | 2A.64 | 882 |
| 66 | Arthrodesis Major Joint | 2A.65 | 881 |
| 67 | Osteotomy Minor | 2A.66 | 892, 1053 |
| 68 | Accessory bone - Excision | 2A.67 | 883 |
| 69 | Amputation - Index Finger | 2A.68 | 910 |
| 70 | Amputation - 2nd and 3rd Toe | 2A.69 | 913 |
| 71 | Amputation - 2nd Toe | 2A.70 | 914 |
| 72 | Amputation - 3rd and 4th Toes | 2A.71 | 915 |
| 73 | Amputation - 4th and 5th Toes | 2A.72 | 916 |
| 74 | Amputation - Fifth Toe | 2A.73 | 920 |
| 75 | Amputation - Great Toe | 2A.74 | 923 |
| 76 | Amputation - Ankle | 2A.75 | 917 |
| 77 | Amputation - Digits | 2A.76 | 919 |
| 78 | Amputation - Foot | 2A.77 | 921 |

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|-----|---|--------|---------------------------|
| 79 | Amputation - Forefoot | 2A.78 | 922 |
| 80 | Amputation - Wrist | 2A.79 | 924 |
| 81 | Amputation - Leg | 2A.80 | 925 |
| 82 | Amputation - Part of Toe and Fixation of K Wire | 2A.81 | 926 |
| 83 | Exostosis - Small bones -Excision | 2A.82 | 901 |
| 84 | Exostosis - Femur - Excision | 2A.83 | 903 |
| 85 | Exostosis - Humerus - Excision | 2A.84 | 904 |
| 86 | Exostosis - Radius - Excision | 2A.85 | 905 |
| 87 | Exostosis - Ulna - Excision | 2A.86 | 906 |
| 88 | Exostosis - Tibia- Excision | 2A.87 | 907 |
| 89 | Exostosis - Fibula - Excision | 2A.88 | 908 |
| 90 | Hip Spica | 2A.89 | 1104 |
| 91 | Shoulder Jacket | 2A.90 | 1102 |
| 92 | Sinus Over Sacrum Excision | 2A.91 | 998 |
| 93 | Skin Grafting | 2A.92 | 961 |
| 94 | Synovial Cyst - Excision | 2A.93 | 963 |
| 95 | Aspiration & Intra Articular Injections | 2A.94 | 1085 |
| 96 | Above elbow post-slab for Soft Tissue injury | 2A.95 | 1092 |
| 97 | Below knee post-slab for Soft tissue injury | 2A.96 | 1095 |
| 98 | Fingers full plaster | 2A.97 | 1088 |
| 99 | Minerva Jacket | 2A.98 | 1100 |
| 100 | Plaster Jacket | 2A.99 | 1101 |
| 101 | Single hip spika | 2A.100 | 1104 |
| 102 | Strapping Ball bandage | 2A.101 | 1118 |
| 103 | Strapping Chest | 2A.102 | 1113 |
| 104 | Strapping Collar and cuff sling | 2A.103 | 1116 |
| 105 | Strapping Elbow | 2A.104 | 1110 |
| 106 | Strapping Figure of 8 bandage | 2A.105 | 1115 |
| 107 | Strapping Finger | 2A.106 | 1107 |
| 108 | Strapping Nasal bone fracture | 2A.107 | NA |
| 109 | Strapping Shoulder | 2A.108 | 1114 |
| 110 | Strapping Toes | 2A.109 | 1108 |
| 111 | Tube Plaster (or Plaster cylinder) | 2A.110 | 1096 |
| 112 | Trigger finger release | 2A.111 | 2326 |
| 113 | Excision of radial head | 2A.112 | 887 |
| 114 | Tennis elbow release | 2A.113 | NA |
| 115 | Long bone external fixation | 2A.114 | 1073, 1061, 1051 |
| 116 | Long bone internal fixation | 2A.115 | 1032,1029,862,86 3,864 |
| 117 | Osteotomy Major | 2A.116 | 980, 1054 |
| 118 | Acromion reconstruction | 2A.117 | 546 |
| 119 | Arthorotomy | 2A.118 | 1070 |
| 120 | Arthroplasty of Femur head - Excision | 2A.119 | 1026 |
| 121 | Calcaneal Spur - Excision of Both | 2A.120 | 890 |
| 122 | Epiphyseal Stimulation | 2A.121 | 1086 |
| 123 | Neurolysis | 2A.122 | 953 |
| 124 | Open Grade 1 long bone/hand or foot open injuries | 2A.123 | 1082 |

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|----------------------|---|--------|--|
| 125 | Wound Check (post 48 hrs) | 2A.124 | NA |
| 126 | Tendo achilles, quadriceps tendon, hand/thumb flexor tendons, triceps Repair | 2A.125 | 861 |
| 127 | Tendon transfers multiple (Ankle / wrist) | 2A.126 | 966, 2329 |
| 128 | SIMPLE INJURY-I-{Treating simple wound + Injection Tetvac + Analgesic + Antibiotics ,General conditions(like BP, Pulse etc),Cleaning, suturing and Dressing of the wounds} | 2A.127 | NA |
| 129 | SIMPLE INJURY-II-{Treating simple wound + Injection Tetvac + Analgesic + Antibiotics ,General conditions(like BP, Pulse etc),Cleaning, suturing and Dressing of the wounds +Change of soiled cloth with a disposable dress + starting the I V line + multiple deep lacerated wounds suturing (Admission/Day Care)} | 2A.128 | NA |
| 130 | Duputryen's contracture | 2A.129 | NA |
| 131 | Intraarticular Ozone Knee package of 5 sittings | 2A.130 | NA |
| 132 | Intraarticular Steroid knee package of 5 sittings | 2A.131 | NA |
| 133 | Closed Fracture reduction under anaesthesia for first fracture | 2A.132 | 858,859 |
| 134 | Dislocation reduction under anaesthesia | 2A.133 | 893, 894, 895, 896, 897, 898, 899, 900 |
| OPHTHALMOLOGY | | | |
| 135 | Amniotic Membrane Graft- pterygium | 2A.134 | 525 |
| 136 | Evisceration (non incl. of implant) | 2A.135 | 610 |
| 137 | Pterygium | 2A.136 | 532 |
| 138 | Cataract – small incision surgery with Intraocular Lens (IOL) implementation Unilateral (including Indian Lens) | 2A.137 | 503 |
| 139 | Cataract with Intraocular Lens (IOL) by Phacoemulsification tech. unilateral with flexible lens | 2A.138 | 680 |
| 140 | Entropion correction | 2A.139 | 668 |
| 141 | Dacryocystectomy | 2A.140 | 526 |
| 142 | Subconjunctival injection | 2A.141 | 538 |
| 143 | Ectropion Correction | 2A.142 | 667 |
| 144 | Intra Vitreal Injection Tricimalone | 2A.143 | 644 |
| 145 | Intra Vitreal Injection Avastin | 2A.144 | 643 |
| 146 | Anterior Chamber Wash | 2A.145 | NA |
| 147 | Pterygium excision with Autograft | 2A.146 | 525 |
| 148 | Sling surgery for ptosis under general anesthesia | 2A.147 | 601 |
| 149 | Abscess Drainage of Lid | 2A.148 | 517 |
| 150 | Scleral buckle Removal | 2A.149 | 497 |
| 151 | Limbal Dermoid Removal | 2A.150 | 530 |
| 152 | Chalazion - both eye | 2A.151 | 518 |
| 153 | Chalazion - one eye | 2A.152 | 518 |
| 154 | Conjunctival Melanoma | 2A.153 | 540 |
| 155 | Epilation | 2A.154 | 544 |
| 156 | Lid tear | 2A.155 | 2355 |
| 157 | Retrobulbar injections one eye | 2A.156 | NA |

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|------------------------|--|--------|-------------------------|
| 158 | Syringing of lacrimal sac for both eyes | 2A.157 | 565 |
| 159 | Syringing of lacrimal sac for one eye | 2A.158 | 564 |
| 160 | Conjunctivitis (bacterial) | 2A.159 | NA |
| 161 | Lacrimal probing under General Anaesthesia | 2A.160 | 565, 564 |
| 162 | Trachoma | 2A.161 | na |
| UROLOGY | | | |
| 163 | Drainage of Perinephric Abscess | 2A.162 | 1652 |
| 164 | Meatotomy | 2A.163 | 1723 |
| 165 | Dilatation of urethra | 2A.164 | 1735 |
| 166 | Meatoplasty | 2A.165 | 1643 |
| 167 | Varicocoele - unilateral | 2A.166 | 1773 |
| 168 | Varicocoele - bilateral | 2A.167 | 1775 |
| 169 | Surgery for priapism | 2A.168 | 1691 |
| 170 | Haemodialysis | 2A.169 | 1776, 1777, 1779, 1778, |
| 171 | Peritoneal dialysis | 2A.170 | 18 |
| ENT | | | |
| 172 | Septoplasty / Submucous Resection | 2A.171 | 447, 449 |
| 173 | Turbineotomy - Bilateral | 2A.172 | 444 |
| 174 | Turbineotomy - Unilateral | 2A.173 | 445 |
| 175 | Adeno Tonsillectomy (Children) | 2A.174 | 408 |
| 176 | Adenoidectomy (Children) | 2A.175 | 404 |
| 177 | Release of Tongue tie | 2A.176 | 418 |
| 178 | Retropharyngeal abscess - Drainage | 2A.177 | 419 |
| 179 | Thyroglossal Cyst - Excision | 2A.178 | 1466 |
| 180 | Thyroglossal Fistula - Excision | 2A.179 | 31 |
| 181 | Tonsillectomy | 2A.180 | 410, 411, 412 |
| 182 | Excision of Branchial Cyst | 2A.181 | 56 |
| 183 | Excision of Branchial Sinus | 2A.182 | 57 |
| 184 | Ranula excision | 2A.183 | 462 |
| 185 | Aural polypectomy | 2A.184 | 380 |
| 186 | Ear lobe repair - single | 2A.185 | 384 |
| 187 | Intra Nasal Ethmoidectomy | 2A.186 | 439 |
| 188 | Rhinoplasty | 2A.187 | 457 |
| 189 | Sinus Antroscopy | 2A.188 | 448 |
| 190 | Trans Antral Ethmoidectomy | 2A.189 | 450 |
| 191 | Youngs operation | 2A.190 | 471 |
| 192 | Angiofibroma Exision | 2A.191 | 426 |
| 193 | Endoscopic Hypophysectomy | 2A.192 | 452 |
| 194 | Intranasal Diathermy | 2A.193 | 453 |
| 195 | Adeno tonsillectomy+Aural polypectomy | 2A.194 | 408, 380 |
| 196 | Adenoidectomy+Aural polypectomy | 2A.195 | 404, 380 |
| 197 | Acute Otitis media | 2A.196 | na |
| 198 | Chronic otitis media | 2A.197 | na |
| 199 | Tonsillitis medical management | 2A.198 | 2710 |
| GENERAL SURGERY | | | |

| | | | |
|-----|--|--------|---------------|
| 200 | Piles banding | 2A.199 | 1217 |
| 201 | Nodular Cyst Excision | 2A.200 | 306 |
| 202 | Fibroadenoma - Unilateral | 2A.201 | 294 |
| 203 | Dermoid Cyst - Large - Excision | 2A.202 | 281 |
| 204 | Dermoid Cyst - Small - Excision | 2A.203 | 282 |
| 205 | Epididymal Swelling -Excision | 2A.204 | 1714 |
| 206 | Epididymal Cyst | 2A.205 | 1714 |
| 207 | Sphincterotomy / Fissurectomy | 2A.206 | 153, 156, 157 |
| 208 | Sebaceous Cyst - Excision | 2A.207 | 313 |
| 209 | Wound Debridement | 2A.208 | 974 |
| 210 | Haemorrhoidectomy / Haemorrhoidopexy | 2A.209 | 160 |
| 211 | Fistulectomy | 2A.210 | 158, 159 |
| 212 | Excision Pilonidal Sinus | 2A.211 | 347 |
| 213 | Rectal polyp | 2A.212 | 167, 1508 |
| 214 | Rectopexy | 2A.213 | 149 |
| 215 | Varicose Veins - Excision and Ligation | 2A.214 | NA |
| 216 | Circumcision (Adult) | 2A.215 | 1692 |
| 217 | Circumcision (Children) | 2A.216 | 1692 |
| 218 | Lumpectomy - Excision | 2A.217 | 2087 |
| 219 | Excision of Superficial Lipoma | 2A.218 | 324 |
| 220 | Hydrocele - Excision - Unilateral | 2A.219 | 246 |
| 221 | Hydrocele - Excision - Bilateral | 2A.220 | 247 |
| 222 | Removal Of Submandibular Salivary Gland | 2A.221 | 43 |
| 223 | Excision Of Lingual Thyroid | 2A.222 | 30 |
| 224 | Hemithyroidectomy | 2A.223 | 19 |
| 225 | Subtotal Thyroidectomy | 2A.224 | 21 |
| 226 | Total Thyroidectomy | 2A.225 | 26 |
| 227 | Epigastric Hernia (Non incl. Mesh) | 2A.226 | 200 |
| 228 | Femoral Hernia | 2A.227 | 1526, 203 |
| 229 | Umbilical Hernia (Non incl. Mesh) | 2A.228 | 206 |
| 230 | Ventral And Scar Hernia (Non. Incl. Mesh) | 2A.229 | 209 |
| 231 | Inguinal Hernia Repair (Non incl. Mesh)-Unilateral | 2A.230 | 219, 1523 |
| 232 | Appendectomy | 2A.231 | 197, 194 |
| 233 | Vagotomy Pyloroplasty | 2A.232 | 84 |
| 234 | Cholecystectomy | 2A.233 | 177 |
| 235 | Ileostomy Closure | 2A.234 | 115 |
| 236 | Colostomy | 2A.235 | 132, 135, 136 |
| 237 | Adventitious Bursa - Excision | 2A.236 | 463 |
| 238 | Bakers Cyst - Excision | 2A.237 | 275 |
| 239 | Carbuncle back | 2A.238 | 277 |
| 240 | Cervical lymph node biopsy | 2A.239 | 279 |
| 241 | Cyst over Scrotum - Excision | 2A.240 | 241 |
| 242 | Dorsal Slit and Reduction of Paraphimosis | 2A.241 | 248 |
| 243 | Drainage of Ischio Rectal Abscess | 2A.242 | 168 |
| 244 | Incision and Drainage of large Abscess | 2A.243 | 284, 2982 |
| 245 | Drainage of Psoas Abscess | 2A.244 | 286 |
| 246 | Epididymectomy | 2A.245 | 236 |

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|-----|---|--------|-----------|
| 247 | Evacuation of Scrotal Hematoma | 2A.246 | 239 |
| 248 | Drainage of liver Abscess | 2A.247 | 172 |
| 249 | Excision Filarial Scrotum | 2A.248 | 240 |
| 250 | Excision of Large Swelling in Hand | 2A.249 | 289 |
| 251 | Excision of Small Swelling in Hand | 2A.250 | 290 |
| 252 | Excision of Neurofibroma | 2A.251 | 291 |
| 253 | Excision of Sinus and Curetage | 2A.252 | 292 |
| 254 | Fibroma - Excision | 2A.253 | 295 |
| 255 | Fissurectomy and Haemorrhoidectomy | 2A.254 | 154 |
| 256 | Fulguration | 2A.255 | 297 |
| 257 | Ganglion - large - Excision | 2A.256 | 299 |
| 258 | Ganglion (Dorsum of Both Wrist) - Excision | 2A.257 | 300 |
| 259 | Ganglion - Small - Excision | 2A.258 | 301 |
| 260 | Granuloma - Excision | 2A.259 | 304 |
| 261 | Haemangioma - Excision | 2A.260 | 274 |
| 262 | Hemithyroidectomy | 2A.261 | 32 |
| 263 | Infected Bunion Foot - Excision | 2A.262 | 307 |
| 264 | Orchidopexy With Eversion of Sac | 2A.263 | 253 |
| 265 | Phyomatous Growth in the Scalp - Excision | 2A.264 | 312 |
| 266 | Rectal Dilation | 2A.265 | 147 |
| 267 | Simple closure - Peptic perforation | 2A.266 | 106 |
| 268 | Spindle Cell Tumor - Excision | 2A.267 | 314 |
| 269 | Submandibular Lymph node - Excision | 2A.268 | 44 |
| 270 | Superficial Parotidectomy | 2A.269 | 40 |
| 271 | Swelling in Rt and Lt Foot - Excision | 2A.270 | 315 |
| 272 | Swelling Over Scapular Region | 2A.271 | 316 |
| 273 | Aspiration of Empyema | 2A.272 | 319 |
| 274 | Dressing under GA | 2A.273 | 2916, |
| 275 | Excision and Skin Graft of Venous Ulcer | 2A.274 | 2265 |
| 276 | Excision of Corns | 2A.275 | 321 |
| 277 | Excision of Moles | 2A.276 | 322 |
| 278 | Excision of Molluscumcontagiosum | 2A.277 | 323 |
| 279 | Excision of Thyroglossal Cyst/Fistula | 2A.278 | 1466 |
| 280 | Haemorrhoid - injection | 2A.279 | 12 |
| 281 | Isthmectomy | 2A.280 | 23 |
| 282 | Excision I/D Injection keloid or Acne (per site) | 2A.281 | 353, 354 |
| 283 | Excision of Veneral Warts | 2A.282 | 352 |
| 284 | Excision of Warts | 2A.283 | 351 |
| 285 | Chemical Cautery Wart excision (per sitting) | 2A.284 | 351, 2790 |
| 286 | Removal of foreign body (from skin/muscle) | 2A.285 | 1204 |
| 287 | Aspiration of cold Abscess of Lymphnode | 2A.286 | 286 |
| 288 | Injury of Superficial Soft Tissues - Delayed primary suture | 2A.287 | 264 |
| 289 | Injury of Superficial Soft Tissues - Secondary suture of wounds | 2A.288 | 264 |
| 290 | Papilloma Rectum - Excision | 2A.289 | 164 |
| 291 | Sinus - Excision | 2A.290 | 57, 292 |
| 292 | Incision and Drainage of small abscess | 2A.291 | 2982 |

| | | | |
|-------------------------|---|--------|------------|
| 293 | Phimosis Under LA | 2A.292 | 330 |
| 294 | Superficial Varicosity (varicocele) | 2A.293 | 329 |
| 295 | Suturing of wounds with local anesthesia | 2A.294 | 267 |
| 296 | Vasectomy | 2A.295 | 259 |
| 297 | Rectal Dilation + Rectal Polyp | 2A.296 | 147, 167 |
| 298 | Localised cellulitis | 2A.297 | NA |
| 299 | Acute Pancreatitis | 2A.298 | 2892, 2893 |
| 300 | Gastro jejunal ulcer | 2A.299 | 120 |
| 301 | Haemorrhage of Small Intestine medical management | 2A.300 | 111 |
| 302 | Orchitis | 2A.301 | 255 |
| GENERAL MEDICINE | | | |
| 303 | Dog bite subjected to completion of 5 injections plus testing | 2A.302 | NA |
| 304 | General Ward :Unspecified | 2A.303 | NA |
| 305 | Amoebic abscess - liver/drainage | 2A.304 | 180 |
| 306 | Nephrotic syndrome medical management | 2A.305 | 2744 |
| 307 | Vasculitis | 2A.306 | 2810 |
| 308 | Acid peptic disease | 2A.307 | 2861 |
| 309 | Acute and subacute endocarditis | 2A.308 | 2612 |
| 310 | Acute colitis | 2A.309 | NA |
| 311 | Acute diarrhea with severe dehydration (grade 2 and above) | 2A.310 | NA |
| 312 | Acute diarrhoea with moderate dehydration | 2A.311 | NA |
| 313 | Acute hepatitis A | 2A.312 | 2575 |
| 314 | Acute hepatitis B | 2A.313 | 2576 |
| 315 | Acute renal colic | 2A.314 | NA |
| 316 | Acute urinary infection | 2A.315 | 2716 |
| 317 | Acute viral hepatitis (hepatitis A) | 2A.316 | 2577 |
| 318 | Amoebiasis | 2A.317 | 2614 |
| 319 | Anemia – Severe Hb less than 6 gm/dl (plus blood transfusion units) | 2A.318 | 2689 |
| 320 | Bacterial pneumonia, not elsewhere classified | 2A.319 | 2596 |
| 321 | Bronchiectasis | 2A.320 | 2770 |
| 322 | Bronchitis, not specified as acute or chronic | 2A.321 | 2605 |
| 323 | Chronic pancreatitis | 2A.322 | 2894, 2895 |
| 324 | Chronic viral hepatitis | 2A.323 | 2894 |
| 325 | Control of Hypertension | 2A.324 | 2592 |
| 326 | Dengue fever | 2A.325 | 2585 |
| 327 | Dengue fever (classical dengue) | 2A.326 | 2584 |
| 328 | Diarrhoea and gastroenteritis of presumed infectious origin | 2A.327 | 2580 |
| 329 | Dysentery - bacterial | 2A.328 | NA |
| 330 | Enteric fever | 2A.329 | 2625 |
| 331 | Essential (primary) hypertension | 2A.330 | 2592 |
| 332 | Filariasis | 2A.331 | NA |
| 333 | Hemiplegia / quadriplegia | 2A.332 | 2762, 2761 |
| 334 | Colitis | 2A.333 | NA |
| 335 | Chronic Hepatitis B | 2A.334 | 2578 |
| 336 | Herpes Simplex | 2A.335 | 2755 |
| 337 | Insulin-dependent diabetes mellitus-Acute episode | 2A.336 | 2828 |

| | | | |
|----------------------------|--|--------|------------------|
| 338 | Leptospirosis | 2A.337 | NA |
| 339 | Malaria - uncomplicated | 2A.338 | 2590 |
| 340 | Malnutrition-related diabetes mellitus | 2A.339 | 2830 |
| 341 | Myalgia | 2A.340 | NA |
| 342 | Other acute viral hepatitis | 2A.341 | 2577 |
| 343 | Other bacterial foodborne intoxications, not elsewhere classified | 2A.342 | 2583 |
| 344 | Peripheral neuritis/ neuropathy | 2A.343 | 2757 |
| 345 | Plasmodium falciparum malaria | 2A.344 | 2586 |
| 346 | Plasmodium malariae malaria | 2A.345 | 2588 |
| 347 | Plasmodium vivax malaria | 2A.346 | 2587 |
| 348 | Pneumonia | 2A.347 | 2783 |
| 349 | Pneumonia due to Haemophilus influenzae | 2A.348 | 2595 |
| 350 | Pneumonia due to other infectious organisms, not elsewhere classified | 2A.349 | 2597 |
| 351 | Pneumonia due to Streptococcus pneumoniae | 2A.350 | 2594 |
| 352 | Pneumonia, organism unspecified | 2A.351 | 2783, 2599 |
| 353 | Pyrexia of unknown origin(PUO)Management(would include fevers - viral/bacterial/fungal/infestation, etc) | 2A.352 | NA |
| 354 | Respiratory tuberculosis, bacteriologically and histologically confirmed | 2A.353 | 2574 |
| 355 | Scabies | 2A.354 | 2801 |
| 356 | Simple and mucopurulent chronic bronchitis | 2A.355 | 2606 |
| 357 | Syphilis | 2A.356 | NA |
| 358 | Systemic Lupus Erythematosus | 2A.357 | 2806, 2808 |
| 359 | TB – pulmonary | 2A.358 | 2574 |
| 360 | Thrombocytopenia (plus blood unit costs) | 2A.359 | 2568 |
| 361 | Typhoid | 2A.360 | 2591 |
| 362 | Typhoid and paratyphoid fevers | 2A.361 | 2591 |
| 363 | Unspecified chronic bronchitis | 2A.362 | 2607 |
| 364 | Unspecified diabetes mellitus | 2A.363 | 2828, 2829, 2830 |
| 365 | Unspecified malaria | 2A.364 | 2590 |
| 366 | Unspecified viral hepatitis | 2A.365 | 2579 |
| 367 | Urethritis – chlamydial | 2A.366 | NA |
| 368 | Urethritis – gonococcal | 2A.367 | Na |
| 369 | Upper Respiratory tract Infection | 2A.368 | NA |
| 370 | Viral and other specified intestinal infections | 2A.369 | 2581 |
| 371 | Viral fever | 2A.370 | 2584, 2700 |
| 372 | Vitamin A deficiency | 2A.371 | NA |
| GENERAL PAEDIATRICS | | | |
| 373 | Neonatal jaundice | 2A.372 | 2610, 2609 |
| 374 | Hypoplastic/Aplastic Anemia (Fanconi Anemia) | 2A.373 | 2689 |
| 375 | Idiopathic Thrombocytopenic Purpura (Max 5 transfusions) | 2A.374 | 2704 |
| 376 | Medical Management of Anemia Of Unknown Cause | 2A.375 | 2689 |
| 377 | Diphtheria | 2A.376 | 2699 |
| 378 | Measles - complicated | 2A.377 | NA |
| 379 | Measles - uncomplicated | 2A.378 | NA |

| | | | |
|--|---|--------|------|
| 380 | Pertussis | 2A.379 | NA |
| 381 | Debridement of Ulcer-Leprosy | 2A.380 | 2237 |
| 382 | Leprosy Ulcer Care With Stay | 2A.381 | 2787 |
| 383 | Leprosy Reaction & Neuritis (T1R & T2R) | 2A.382 | NA |
| PSYCHIATRY | | | |
| 384 | Schizophrenia | 2A.383 | 2906 |
| AYURVEDA (available in select government hospitals) | | | |
| 385 | Snehapana, Abhyanga, (Oleation) | 2A.384 | NA |
| 386 | Swedana- (Sudation) | 2A.385 | NA |
| 387 | Vamana-Emesis | 2A.386 | NA |
| 388 | Virechana- Purgation | 2A.387 | NA |
| 389 | Anuvasana or Matra Basti - oil enema | 2A.388 | NA |
| 390 | Virechana Nasya-Purgative errhines | 2A.389 | NA |
| 391 | Bruhmana Nasya- Strengthening errhines | 2A.390 | NA |
| 392 | Shamana Nasya- Palliative | 2A.391 | NA |
| 393 | Dhumapana-Inhalation of smoke-Nose | 2A.392 | NA |
| 394 | Gandoosha-Mouth gargling | 2A.393 | NA |
| 395 | Kavala-Gargle with space to move | 2A.394 | NA |
| 396 | Mukha lepa-face paste | 2A.395 | NA |
| 397 | Murdha taila-(Anointing the head) Shiro pichu & Abhyanga | 2A.396 | NA |
| 398 | Karna poorna- filling the ear with oil | 2A.397 | NA |
| 399 | Tarpana- Eye bath | 2A.398 | NA |
| INVESTIGATION - PATHOLOGY | | | |
| 400 | Whole Blood per unit | 2A.399 | NA |
| 401 | Platelets per unit | 2A.400 | NA |
| 402 | Plasma per unit | 2A.401 | NA |
| 403 | Packed cells per unit | 2A.402 | NA |
| 404 | Pulmonary function test | 2A.403 | NA |
| INVESTIGATION - RADIOLOGY | | | |
| 405 | Cat Scan (C.T.) Head/ Brain - Without Contrast | 2A.404 | NA |
| 406 | Cat Scan (C.T.) Head / Brain - with Contrast | 2A.405 | NA |
| 407 | C.T. Head Scan Invol. Spl. Investigation - Without Contrast | 2A.406 | NA |
| 408 | C.T. Head Invol. Spl. Investigation -with Contrast | 2A.407 | NA |
| 409 | C.T. Chest, High-resolution computed tomography (HRCT) - Without Contrast | 2A.408 | NA |
| 410 | C.T. Chest, High-resolution computed tomography (HRCT) - with Contrast | 2A.409 | NA |
| 411 | C.T. Spine (Cervical,Dorsal,Lumbar,Sacral) -Without Contrast | 2A.410 | NA |
| 412 | C.T. Spine (Cervical,Dorsal,Lumbar,Sacral) - with Contrast | 2A.411 | NA |
| 413 | C.T. Cervical C.T. 3D Reconstruction only | 2A.412 | NA |
| 414 | C.T. Guided Biopsy | 2A.413 | NA |
| 415 | C.T. Guided percutaneous cath drainage | 2A.414 | NA |
| 416 | C.T. Myelogram (Cervical Spine) - Without Contrast | 2A.415 | NA |
| 417 | C.T. Myelogram (Cervical Spine) - with Contrast | 2A.416 | NA |
| 418 | C.T. Myelogram (Lumbar Spine or D/S) - Without Contrast | 2A.417 | NA |
| 419 | C.T. Myelogram (Lumbar Spine or D/S)- with Contrast | 2A.418 | NA |

| | | | |
|-----|---|--------|----|
| 420 | C.T. Scan Chest - Without Contrast | 2A.419 | NA |
| 421 | C.T. Scan Chest - with Contrast | 2A.420 | NA |
| 422 | C.T. Scan Upper Abdomen - Without Contrast | 2A.421 | NA |
| 423 | C.T. Scan Upper Abdomen - with Contrast | 2A.422 | NA |
| 424 | C.T. Scan Lower Abdomen - Without Contrast | 2A.423 | NA |
| 425 | C.T. Scan Lower Abdomen - with Contrast | 2A.424 | NA |
| 426 | C.T. Scan Whole Abdomen - Without Contrast | 2A.425 | NA |
| 427 | C.T. Scan Whole Abdomen - with Contrast | 2A.426 | NA |
| 428 | C.T. Scan Neck (Thyroid Soft Tissue) - Without Contrast | 2A.427 | NA |
| 429 | C.T. Scan Neck (Thyroid Soft Tissue) - with Contrast | 2A.428 | NA |
| 430 | C.T. Scan Orbits - Without Contrast | 2A.429 | NA |
| 431 | C.T. Scan Orbits - with contract | 2A.430 | NA |
| 432 | C.T. Scan Limbs - Without Contrast | 2A.431 | NA |
| 433 | C.T. Scan Limbs - with Contrast | 2A.432 | NA |
| 434 | C.T. Scan Whole Body - Without Contrast | 2A.433 | NA |
| 435 | C.T. Scan Whole Body - with Contrast | 2A.434 | NA |
| 436 | C.T. Scan of Para Nasal Sinus - Without Contrast | 2A.435 | NA |
| 437 | C.T. Scan of Para Nasal Sinus - with Constrast | 2A.436 | NA |
| 438 | MRI Head - Without Contrast | 2A.437 | NA |
| 439 | MRI Head - with Contrast | 2A.438 | NA |
| 440 | MRI Orbits - without Contrast | 2A.439 | NA |
| 441 | MRI Orbits - with Contrast | 2A.440 | NA |
| 442 | MRI Nasopharynx and PNS - Without Contrast | 2A.441 | NA |
| 443 | MRI Nasopharynx and PNS - with Constrast | 2A.442 | NA |
| 444 | MRI Neck - Without Contrast | 2A.443 | NA |
| 445 | MRI Neck - with Contrast | 2A.444 | NA |
| 446 | MRI Shoulder - Without Contrast | 2A.445 | NA |
| 447 | MRI Shoulder - with Contrast | 2A.446 | NA |
| 448 | MRI Shoulder both Joint /Wrist Single Joint/Knee single joint / Knee both joint Without Contrast | 2A.447 | NA |
| 449 | MRI Shoulder both Joint /Wrist Single Joint /Knee single Joint / Knee both joint with Contrast | 2A.448 | NA |
| 450 | MRI Wrist both Joint - Without Contrast | 2A.449 | NA |
| 451 | MRI Wrist both Joint - with Contrast | 2A.450 | NA |
| 452 | MRI Hip - Without Contrast | 2A.451 | NA |
| 453 | MRI Hip - with Contrast | 2A.452 | NA |
| 454 | MRI Pelvis - Without Contrast | 2A.453 | NA |
| 455 | MRI Pelvis - with Contrast | 2A.454 | NA |
| 456 | MRI Extremities - Without Contrast | 2A.455 | NA |
| 457 | MRI Extremities - with Contrast | 2A.456 | NA |
| 458 | MRI Temporomandibular Single Joint - Without Contrast | 2A.457 | NA |
| 459 | MRI Temporomandibular Single Joint - with Contrast | 2A.458 | NA |
| 460 | MRI Temporomandibular Double Joints - Without Contrast | 2A.459 | NA |
| 461 | MRI Temporomandibular Double Joints - with contrast | 2A.460 | NA |
| 462 | MRI Abdomen - Without Contrast | 2A.461 | NA |
| 463 | MRI Breast - Without Contrast | 2A.462 | NA |
| 464 | MRI Spine Screening - Without Contrast | 2A.463 | NA |
| 465 | MRI Spine Screening - with Contrast | 2A.464 | NA |
| 466 | MRI Chest - Without Contrast | 2A.465 | NA |
| 467 | MRI Chest - with Contrast | 2A.466 | NA |
| 468 | MRI Cervical Spine - Without Contrast | 2A.467 | NA |
| 469 | MRI Cervical Spine - with Contrast | 2A.468 | NA |
| 470 | MRI Lumbar Spine - Without Contrast | 2A.469 | NA |
| 471 | MRI Lumbar Spine - with Contrast | 2A.470 | NA |
| 472 | MRI Screening - Without Contrast | 2A.471 | NA |
| 473 | MRI Screening - with Contrast | 2A.472 | NA |

| INVESTIGATION - SPECIAL STUDIES | | | |
|---------------------------------|---|--------|----|
| 474 | Immunofluorescence Direct kidney Disease | 2A.473 | NA |
| 475 | MRI Angiography - Without Contrast | 2A.474 | NA |
| 476 | MRI Angiography - with Contrast | 2A.475 | NA |
| 477 | Mammography (Single side) | 2A.476 | NA |
| 478 | Mammography (Both sides) | 2A.477 | NA |
| 479 | Fibrotic Bronchoscopy with Washing/Biopsy | 2A.478 | NA |
| 480 | Uroflow Study (Micturometry) | 2A.479 | NA |
| 481 | Urodynamic Study (Cystometry) | 2A.480 | NA |

ANNEXURE 2B

Government Order No. HFW 91 CGE 2017

Complex Secondary Healthcare Treatments

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-----------------------------------|---|-----------------------|----------|
| DENTAL | | | |
| 1 | Sequestrectomy | 2B.1 | 2435 |
| 2 | Drainage of parotid abscess | 2B.2 | 2982 |
| 3 | Fixation of fracture of jaw including implants | 2B.3 | 2321 |
| 4 | Tumour excision | 2B.4 | 2436 |
| 5 | Excision of mandible | 2B.5 | 61 |
| 6 | Repair of parotid duct | 2B.6 | 39 |
| 7 | Condylectomy | 2B.7 | NA |
| 8 | Fistula closure | 2B.8 | 2313 |
| 9 | Treatment of malocclusion through wiring | 2B.9 | 2447 |
| 10 | Pediatric caries (Full mouth) | 2B.10 | NA |
| OBSTETRICS AND GYNAECOLOGY | | | |
| 11 | Management of puerperal sepsis | 2B.11 | NA |
| 12 | Threatened rupture Uterus With Tubectomy | 2B.13 | 737 |
| 13 | Lap. Salpingo-oophorectomy | 2B.14 | 688 |
| 14 | Lap. Assisted Vaginal Hysterectomy (LAVH) | 2B.15 | 710 |
| 15 | Lap. Total Abdominal Hysterectomy | 2B.16 | 711 |
| 16 | Vaginal Hysterectomy With Pelvic Floor Repair (Cystocele, Rectocele & Perineorrhaphy) | 2B.17 | 709 |
| 17 | Laparoscopic Ovarian Cystectomy | 2B.18 | 685 |
| 18 | Laparoscopic Ectopic Resection | 2B.19 | 804 |
| 19 | Laparoscopic Myomectomy | 2B.20 | 717 |
| 20 | Laparoscopic Sling Operations | 2B.21 | 712 |
| 21 | Vesico vaginal Fistula/recto vaginal fistula-Repair | 2B.22 | 775 |
| 22 | Tuboplasty | 2B.23 | 741 |
| 23 | Vulvectomy | 2B.24 | 770 |
| 24 | Shirodhkar Mc. Donalds stitch | 2B.25 | 824 |
| 25 | Gestational [pregnancy-induced] hypertension with significant proteinuria | 2B.26 | 2601 |
| 26 | Low Forceps/Vacuum delivery | 2B.27 | 791, 790 |
| ORTHOPAEDICS | | | |
| 27 | Chest injuries with intercostal drainage (ICD) unilateral | 2B.28 | 16 17 |
| 28 | Amputation-Forearm | 2B.29 | 911 |
| 29 | Amputation-Wrist Axillary Node Dissection | 2B.30 | 912 |
| 30 | Amputation-Arm | 2B.31 | 930 |
| 31 | Amputation-Thigh | 2B.32 | 929 |
| 32 | Mayers muscle pedicle graft for Non-union fracture neck femur (orthoplasty) | 2B.33 | 1027 |
| 33 | Facio-Maxillary Injury repairs & fixations | 2B.34 | 2401 |
| 34 | Decompression and Stabilization with Steffiplate | 2B.35 | 1015 |

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-----------------------------------|--|-----------------------|---------------------------------------|
| 35 | Harrington Instrumentation | 2B.36 | 1066 |
| 36 | Leg Lengthening | 2B.37 | 1044 |
| 37 | Nerve Transplant/Release | 2B.38 | 955 |
| 38 | Simple frame -Single bone-femur,tibia,humerus,radius including six schanz pins,1 rod and 6 clamps implant | 2B.39 | 1061 |
| 39 | Pelvis/transarticular including implants | 2B.40 | 2385 |
| 40 | Soft Tissue Reconstruction Procedures For Joints | 2B.41 | 980 |
| 41 | Anterior instrumentations + Cage fixations including implants | 2B.42 | 1006 |
| 42 | Anterolateral Clearance For Tuberculosis | 2B.43 | 1001 |
| 43 | Cervical Rib Excision | 2B.44 | 64 |
| 44 | Long bone (two) external/internal fixation | 2B.45 | 1032,1029,862,863,864,1073,1061, 1051 |
| 45 | Pelvic injuries external/Internal fixation | 2B.46 | 2385 |
| 46 | Arthroscopic Anterior cruciate ligament (ACL) Reconstruction | 2B.47 | 971 |
| 47 | Posterior cruciate ligament (PCL) Reconstruction | 2B.48 | 972 |
| 48 | Discectomy-Dorso Lumbar | 2B.49 | 1902 |
| 49 | Discectomy-Lumbar | 2B.50 | 1902 |
| 50 | Lumbar Laminectomy (no discectomy) | 2B.51 | 1857 |
| 51 | Closed fracture reduction under anaesthesia for first and additional fracture | 2B.52 | 858, 859 |
| 52 | Simple/compound fracture with internal/external fixation along with implants | 2B.53 | 1051 |
| 53 | Blunt injury abdomen | 2B.54 | NA |
| SURGICAL GASTRO ENTEROLOGY | | | |
| 54 | Surgery for GI Bleeding Ulcers | 2B.55 | 1152 |
| 55 | Lap. Adhesiolysis | 2B.56 | 1257 |
| 56 | Resection & Anastomosis Of Small Intestine | 2B.57 | 113 |
| 57 | Operations For Recurrent Intestinal Obstruction (Noble Plication Other) | 2B.58 | 112 |
| 58 | Upper GI Therapeutic(including Varicose Intervention) | 2B.59 | 2844 |
| 59 | Endoscopic Retrograde Cholangio Pancreatography (Endoscopic Retrograde Cholangio Pancreatography (ERCP) with Interventions | 2B.60 | 1224 |
| OPHTHALMOLOGY | | | |
| 60 | Plane / Anterior Vitrectomy | 2B.61 | 491 |
| 61 | Vitrectomy - Membrane Peeling - Endolaser - Silicon oil or Gas - with or without belt buckling | 2B.62 | 492 |
| 62 | Vitrectomy - Membrane Peeling- Endolaser | 2B.63 | 493 |
| 63 | Vitrectomy Plus Silicon Oil Or Gas | 2B.64 | 494 |
| 64 | Removal Of Silicon Oil Or Gas | 2B.65 | 495 |
| 65 | Scleral buckle procedure for retinal detachment | 2B.66 | 497 |

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-------|--|-----------------------|-----------|
| 66 | Intraocular foreign body removal with vitrectomy | 2B.67 | 528 |
| 67 | Socket Reconstruction | 2B.68 | 507 |
| 68 | Dermis Fat Graft | 2B.69 | 508 |
| 69 | Orbitotomy | 2B.70 | 509 |
| 70 | Decompression/Excision of optic nerve lesions | 2B.71 | 511, 1893 |
| 71 | Proptosis,orbitotomy | 2B.72 | 1889, 509 |
| 72 | Paediatric Ophthalmic treatment---Photocoagulation For Retinopathy Of Prematurity upto 3 sittings (complete package) | 2B.73 | 499 |
| 73 | Photocoagulation for Retinopathy for 3 sittings-Complete package | 2B.74 | 498 |
| 74 | Laser treatment for Retinopathy one sitting | 2B.75 | 498 |
| 75 | Pan retinal photocoagulation (PRP)/ FOCAL / GRID / YAG /Laser per eye for one sitting | 2B.76 | 498 |
| 76 | PRP / FOCAL / GRID / YAG / Laser per eye for three sitting | 2B.77 | 498 |
| 77 | PRP / FOCAL / GRID / YAG / Laser for both eyes one sitting | 2B.78 | 498 |
| 78 | PRP / FOCAL / GRID / YAG /Laser for both eyes three sitting | 2B.79 | 498 |
| 79 | Radial Keratotomy | 2B.80 | 533 |
| 80 | Cauterisation of ulcer/subconjunctival injection - both eye | 2B.81 | 538 |
| 81 | Cauterisation of ulcer/subconjunctival injection - One eye | 2B.82 | 539 |
| 82 | Anterior Chamber Reconstruction +Cataract – Unilateral | 2B.83 | 519, 503 |
| 83 | Trabeculectomy + Vitrectomy | 2B.84 | 624, 491 |
| 84 | Anterior Chamber Reconstruction +Perforating Corneo - Scleral Injury | 2B.85 | 519, 488 |
| 85 | Therapeutic Penetrating Keratoplasty | 2B.86 | 484 |
| 86 | Lamellar Keratoplasty | 2B.87 | 560 |
| 87 | Corneal Patch Graft | 2B.88 | 485 |
| 88 | Scleral Patch Graft | 2B.89 | NA |
| 89 | Double Z-Plasty | 2B.90 | 486 |
| 90 | Cataract surgery with anterior vitrectomy with Intraocular Lens (IOL) | 2B.91 | 503, 491 |
| 91 | Enucleation (Incl. of implant) | 2B.92 | 609 |
| 92 | Rectus Muscle Surgery (Single) | 2B.93 | 513 |
| 93 | Rectus Muscle Surgery (Two/Three) | 2B.94 | 515 |
| 94 | Oblique Muscle | 2B.95 | 514 |
| 95 | Lid Reconstruction Surgery | 2B.96 | 516 |
| 96 | Ptosis | 2B.97 | 600 |
| 97 | Trabeculectomy (Glaucoma surgery) | 2B.98 | 624 |
| 98 | DCR (Dacryocystorhinostomy) Endoscopic/Laser | 2B.99 | 566 |
| 99 | Paediatric Cataract Surgery (Phacoemulsification-Iol Under General Anaesthesia) | 2B.100 | 505 |
| 100 | Glaucoma Filtering Surgery For Paediatric Glaucoma | 2B.101 | 506 |

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|----------------|--|-----------------------|------------------------|
| 101 | Scleral fixation Intraocular Lens (IOL) with cataract surgery | 2B.102 | 654 |
| 102 | Pupilloplasty with cataract surgery with Intraocular Lens (IOL) | 2B.103 | 680 |
| 103 | Iridodialis repair | 2B.104 | 657 |
| 104 | Iridodialis repair with Intraocular Lens (IOL) | 2B.105 | 657, 680 |
| 105 | Repair of globe rupture | 2B.106 | NA |
| 106 | Iridectomy | 2B.107 | 535 |
| 107 | Pterygium + Conjunctival Autograft +Glaucoma surgery (trabeculectomy) | 2B.108 | 525, 624 |
| 108 | Abscess Drainage of Lid +Cryoretinopexy - Closed | 2B.109 | 517 |
| UROLOGY | | | |
| 109 | Operation for Double Ureter | 2B.110 | 1730 |
| 110 | Pyelolithotomy | 2B.111 | 1572 |
| 111 | Excision of Urethral Caruncle | 2B.112 | 834 |
| 112 | Urachal Cyst | 2B.113 | 1629 |
| 113 | Acute tubulo-interstitial nephritis | 2B.114 | 2609 |
| ENT | | | |
| 114 | Styloidectomy - Both side | 2B.115 | 458 |
| 115 | Styloidectomy - One side | 2B.116 | 459 |
| 116 | Tonsillectomy + Styloidectomy | 2B.117 | 460 |
| 117 | Rhinoposporosis | 2B.118 | 455 |
| 118 | Septo-rhinoplasty | 2B.119 | 456 |
| 119 | Laryngofissure | 2B.120 | 399 |
| 120 | Parotidectomy - Conservative | 2B.121 | 40, 41, 42, 1987 |
| 121 | Excision of Pinna for Growths (Squamous/Basal) Injuries - Total Amputation & Excision of External Auditory Meatus and Reconstruction | 2B.122 | 385, 387, 388 |
| 122 | Oro Antral fistula | 2B.123 | 414 |
| 123 | Commando Operation (glossectomy) | 2B.124 | 47, 49, 48, 1985, 1986 |
| 124 | Cortical Mastoidectomy | 2B.125 | 362, 363 |
| 125 | Radical / Modified Radical Mastoidectomy | 2B.126 | 363 |
| 126 | Myringoplasty | 2B.127 | 367 |
| 127 | Ossiculoplasty | 2B.128 | 373 |
| 128 | Myringotomy - Bilateral | 2B.129 | 369 |
| 129 | Myringotomy - Unilateral | 2B.130 | 370 |
| 130 | Myringotomy with Grommet - One ear | 2B.131 | 371 |
| 131 | Myringotomy with Grommet - Both ear | 2B.132 | 372 |
| 132 | Stapedectomy | 2B.133 | 378 |
| 133 | Functional Endoscopic Sinus Surgery (FESS) Unilateral | 2B.134 | 437, 464 |
| 134 | Functional Endoscopic Sinus Surgery (FESS) Bilateral | 2B.135 | 437, 464 |
| 135 | Excision Of Benign Tumour Nose | 2B.136 | 320 |
| 136 | Microlaryngeal Surgery | 2B.137 | 397 |

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|------------------------|--|-----------------------|--|
| 137 | Phono Surgery For Vocal Cord Paralysis | 2B.138 | 398 |
| 138 | Uvulo-Palato-Pharyngoplasty. | 2B.139 | 405 |
| 139 | Partial amputation and reconstruction of Pinna | 2B.140 | 374 |
| 140 | Tympanoplasty+ Ossiculoplasty | 2B.141 | 376, 373 |
| 141 | Ant. Ethmoidal artery ligation | 2B.142 | 434 |
| 142 | Antrostomy – Bilateral | 2B.143 | 429 |
| 143 | Antrostomy – Unilateral | 2B.144 | 430 |
| 144 | Caldwell - luc – Bilateral | 2B.145 | 431 |
| 145 | Caldwell - luc- Unilateral | 2B.146 | 432 |
| 146 | Cryosurgery(Nose) | 2B.147 | 435 |
| 147 | Septoplasty + Functional endoscopic sinus surgery (FESS) / polypectomy | 2B.148 | 437 |
| 148 | Ethmoidectomy - External | 2B.149 | 439, 450 |
| 149 | Fracture - setting maxilla | 2B.150 | 2281,2282, 2283, 2284, 2285, 2286, 2287 |
| 150 | Pharyngeal diverticulum's – Excision | 2B.151 | 413 |
| 151 | Excision of Cystic Hygroma | 2B.152 | 73, 74, 75 |
| 152 | Micro-laryngoscopic Surgery | 2B.153 | 397 |
| 153 | Laryngectomy & Pharyngeal Diverticulum (Throat) | 2B.154 | 413 |
| 154 | Laryngectomy with Block Dissection (Throat) | 2B.155 | 68 |
| GENERAL SURGERY | | | |
| 155 | Drainage of Subdiaphragmatic Abscess | 2B.156 | 287 |
| 156 | Duplication of Intestine | 2B.157 | 125 |
| 157 | Mesenteric Caval Anastomosis | 2B.158 | 310 |
| 158 | Endoscopic mucosal resection | 2B.159 | 1201 |
| 159 | Duodenal stricture dilation | 2B.160 | 1212 |
| 160 | Colonic stenting | 2B.161 | 1220 |
| 161 | Endoscopic sphincterotomy | 2B.162 | 1226 |
| 162 | Common bile duct (CBD) stricture dilatation | 2B.163 | 1228 |
| 163 | Biliary stenting (plastic and metallic) | 2B.164 | 1229 |
| 164 | Endoscopic cysto gastrostomy | 2B.165 | 1235 |
| 165 | Balloon dilatation of papilla | 2B.166 | 1236 |
| 166 | Parotid Duct Repair | 2B.167 | 39 |
| 167 | Parathyroidectomy | 2B.168 | 34 |
| 168 | Lap. Hiatus Hernia Repair Abdominal | 2B.169 | 214 |
| 169 | Rare Hernias (Spigalion,Obuturator,Sciatic) | 2B.170 | 215 |
| 170 | Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision | 2B.171 | 274 |
| 171 | Distal Pancrcatectomy with Pancreatico Jejunostomy | 2B.172 | 1192, 1194 |
| 172 | Diverticulectomy | 2B.173 | 1491 |
| 173 | Lap. Hydatid of liver surgery | 2B.174 | 174 |
| 174 | Laposcopic Adrenalectomy | 2B.175 | 38 |
| 175 | Laposcopic Appendectomy | 2B.176 | 194 |

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-------|--|-----------------------|------------|
| 176 | Laposcopic Colostomy | 2B.177 | NA |
| 177 | Laposcopic cystogastrostomy | 2B.178 | 183 |
| 178 | Laposcopic donor Nephrectomy | 2B.179 | 1577 |
| 179 | Laposcopic Gastrostomy | 2B.180 | 90 |
| 180 | Laposcopic Pyelolithotomy | 2B.181 | 1573 |
| 181 | Laposcopic Pyloromyotomy | 2B.182 | 89 |
| 182 | Laposcopic Splenectomy | 2B.183 | 1142 |
| 183 | Laposcopic Thyroidectomy | 2B.184 | 27 |
| 184 | Laposcopic umbilical hernia repair | 2B.185 | 208 |
| 185 | Laposcopic ureterolithotomy | 2B.186 | 1758 |
| 186 | Laprotomy-peritonitis lavage and drainage | 2B.187 | 827 |
| 187 | Ligation of Ankle Perforators | 2B.188 | 333 |
| 188 | Lymphatics Excision of Subcutaneous Tissues In Lymphoedema | 2B.189 | 2241 |
| 189 | Coccygeal Teratoma Excision | 2B.190 | 1566 |
| 190 | Drainage of perinephric abscess | 2B.191 | 1652 |
| 191 | Thorax (penetrating wounds) | 2B.192 | 1412 |
| 192 | Trendelenburg Operation | 2B.193 | 332 |
| 193 | Fibroadenoma Breast - Multiple | 2B.194 | 293, 294 |
| 194 | Lap. Rectopexy | 2B.195 | 150 |
| 195 | Hemimandibulectomy | 2B.196 | 60 |
| 196 | Segmental Mandible Excision | 2B.197 | 61 |
| 197 | Lap. Ventral And Scar Hernia (Non incl. Mesh) | 2B.198 | 209 |
| 198 | Lap. Inguinal Hernia Repair (Non incl. Mesh)-Unilateral | 2B.199 | 220, 1523 |
| 199 | Appendicular Perforation | 2B.200 | 195 |
| 200 | Duodenal / Gastric Perforation | 2B.201 | 92, 93 |
| 201 | Resection & Anastomosis Of Small Intestine(includes ileostomy) | 2B.202 | 113 |
| 202 | Colectomy(Right,Left,SubTotal) includes colostomy | 2B.203 | 130 |
| 203 | Lap.Cholecystectomy | 2B.204 | 177 |
| 204 | Cholecystectomy & Exploration Cbd | 2B.205 | 178 |
| 205 | Ileostomy | 2B.206 | 1165, 1166 |
| 206 | Colostomy Closure | 2B.207 | 132 |
| 207 | Bleeding Ulcer - Gastrectomy | 2B.208 | 88 |
| 208 | Drainage Pericardial Effusion | 2B.209 | 2733, 2723 |
| 209 | Duodenal Diverticulum | 2B.210 | 94 |
| 210 | Excision Benign Tumor -Small intestine | 2B.211 | 117 |
| 211 | Excision Mammary Fistula | 2B.212 | 233 |
| 212 | Excision Meckel's Diverticulum | 2B.213 | 118 |
| 213 | Excision Small Intestinal Fistula | 2B.214 | 116 |
| 214 | Gastro jejuno Colic Fistula | 2B.215 | 96 |
| 215 | Gastrotomy | 2B.216 | 90 |
| 216 | Ileio Sigmoidostomy | 2B.217 | 138 |
| 217 | Intestinal Perforation (Resection Anastomosis) | 2B.218 | 110 |
| 218 | Anorectoplasty | 2B.219 | 152 |

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-------|---|-----------------------|---------------------------|
| 219 | Oesophagus Portal Hypertension | 2B.220 | 108 |
| 220 | Pelvic Abscess - Open Drainage | 2B.221 | 288 |
| 221 | Repair of Common Bile Duct | 2B.222 | na |
| 222 | Abbe Operation | 2B.223 | 51 |
| 223 | Lap. For intestinal obstruction | 2B.224 | 121 |
| 224 | Lap. Hepatic resection | 2B.225 | 1187 |
| 225 | Drainage of perivertebral abscess | 2B.226 | 2982 |
| 226 | Splenorenal Anastomosis | 2B.227 | 190 |
| 227 | Thorachostomy | 2B.228 | 2381 |
| 228 | Thoracoplasty | 2B.229 | 2106 |
| 229 | Cleft lip and palate | 2B.230 | 2289, 2290, 1461, 1463 |
| 230 | Simple mastectomy | 2B.231 | 66 |
| 231 | Branchial Fistula/Sinus | 2B.232 | 57, 58 |
| 232 | Caecopexy | 2B.233 | 140 |
| 233 | Cavernostomy | 2B.234 | 1764 |
| 234 | Colocystoplasty | 2B.235 | 133 |
| 235 | Drainage of Peripheral Gastric Abscess | 2B.236 | 285 |
| 236 | Duodenal Jejunostomy | 2B.237 | 107 |
| 237 | Excision of Small Growth from Tongue | 2B.238 | 55 |
| 238 | Excision of Swelling in Right Cervical Region | 2B.239 | 65 |
| 239 | Facial Decompression | 2B.240 | 360 |
| 240 | Gastrojejunostomy | 2B.241 | 86 |
| 241 | Graham's Operation | 2B.242 | 303 |
| 242 | Hydatid Cyst of Liver | 2B.243 | 170 |
| 243 | Mesenteric Cyst - Excision | 2B.244 | 309 |
| 244 | Oesophagoscopy for foreign body removal | 2B.245 | 311 |
| 245 | Thyroplasty | 2B.246 | 33 |
| 246 | Vasco Vasostomy | 2B.247 | 256 |
| 247 | Warren's Shunt | 2B.248 | 191 |
| 248 | Thymectomy | 2B.249 | 1411 |
| 249 | Resection Enucleation of Adenoma | 2B.250 | 1755 |
| 250 | Rib Resection & Drainage | 2B.251 | 1406 |
| 251 | Tissue Reconstruction Flap Leprosy | 2B.252 | 2362 |
| 252 | Tendon Transfer-Leprosy | 2B.253 | 2961 |
| 253 | Bronchial Cyst | 2B.254 | 31 |
| 254 | Cystic Mass - Excision | 2B.255 | 280 |
| 255 | Splenectomy | 2B.256 | 193 |
| 256 | Removal of Foreign Body from Trachea | 2B.257 | 1204 |
| 257 | Thoracocentesis | 2B.258 | 1407 |
| 258 | Urthral Dilatation | 2B.259 | 2961 |
| 259 | Varicose veins - injection | 2B.260 | 13 |
| 260 | cleft lip | 2B.261 | 1461, 2251 |
| 261 | Lung abscess /Empema | 2B.262 | 2773 |
| 262 | Pneumothorax | 2B.263 | 2774, |

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-------|--|-----------------------|------------------------------|
| 263 | Porto Caval Anastomosis | 2B.264 | 171 |
| 264 | Acute Pneumonia-/ consolidation Bacterial | 2B.265 | 2594, 2596, 2598, 2599, 2783 |
| 265 | Gestational [pregnancy-induced] hypertension without significant proteinuria | 2B.266 | 2600 |
| 266 | Interstitial lung diseases | 2B.267 | 2772 |
| 267 | Lower respiratory tract infection (LRTI) management | 2B.268 | 2783 |
| 268 | Endocarditis | 2B.269 | 2612, 2682, 2724 |
| 269 | Conservative management ICU stay with ventilator | 2B.270 | 2562 |
| 270 | Epiduro-fluroscopy Adhesiolysis (3 days stay) | 2B.271 | 818 |
| 271 | Upper GI bleeding (endoscopic treatment) | 2B.272 | 1153 |
| 272 | Medical Management of Steroid Resistant Nephrotic Syndrome Complicated Or Resistant in Paediatric patients | 2B.273 | 2643 |
| 273 | Torticollis release | 2B.274 | 1561 |
| 274 | Tennis elbow release | 2B.275 | NA |
| 275 | Medical Management of Acute Broncho Lobar pneumonia With Empyema/ Pleural Effusion in Paediatric patients | 2B.276 | 2637 |
| 276 | Medical Management of Acute Broncho Lobar pneumonia With Pyo Pneumothorax in Paediatric patient | 2B.277 | 2638 |
| 277 | Medical Management of Auto immune hemolytic anemia in Paediatric patient | 2B.278 | 2702 |
| 278 | Medical Management of Congenital Heart Disease With Congestive Cardiac Failure in Paediatric patients | 2B.279 | 2670 |
| 279 | Medical Management of Diphtheria in Paediatric patient | 2B.280 | 2699 |
| 280 | Medical Management of Enteric Fever Complicated in Paediatric patient | 2B.281 | 2625 |
| 281 | Medical Management of Guillian-Barre Syndrome | 2B.282 | 2679 |
| 282 | Medical Management of Neuro Tuberculosis in Paediatric patient | 2B.283 | 2626 |
| 283 | Medical Management of Stroke Syndrome in Paediatric patient | 2B.284 | 2633 |
| 284 | Medical Management of Urinary Tract Infection With Complications Like Pyelonephritis And Renal Failure in Paediatric patient | 2B.285 | 2646 |
| 285 | Medical Management of Viral Myocarditis in Paediatric patient | 2B.286 | 2635 |
| 286 | Neonatal Cholestasis | 2B.287 | 1513 |
| 287 | Severe Pancreatitis | 2B.288 | 2893 |
| 288 | Control of diabetic ketoacidosis | 2B.289 | 2629 |

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-------|--|-----------------------|----------|
| 289 | Neonatal jaundice management due to other excessive haemolysis | 2B.290 | 2610 |
| 290 | Neonatal jaundice management from other and unspecified causes | 2B.291 | 2611 |
| 291 | Medical Management of Acquired Heart Disease With Congestive Cardiac Failure | 2B.292 | 2688 |
| 292 | Small Area grafting (upto 10% of body area) Medium Area grafting (upto 10% to 20%) | 2B.293 | 2350 |
| 293 | Large Area grafting (greater than 10% > 20% of body area) | 2B.294 | 2350 |
| 294 | Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments and physiotherapy)- Mild | 2B.295 | 2370 |
| 295 | Post Burn Contracture surgeries for Functional Improvement involving only skin (Package including splints,pressure garment and physiotherapy- Moderate | 2B.296 | 2370 |
| 296 | Muscle Biopsy with report | 2B.297 | 343 |
| 297 | Diagnostic Laproscopy | 2B.298 | NA |
| 298 | Three phase whole body Bone Scan | 2B.299 | NA |
| 299 | Sclerotherapy of oesophageal varices | 2B.300 | NA |
| 300 | Pyloric balloon dilatation | 2B.301 | NA |
| 301 | Mechanical lithotripsy of CBD stones | 2B.302 | NA |
| 302 | Cystoscopy with Retrograde Catheter -Unilateral | 2B.303 | NA |
| 303 | Cystoscopy with Retrograde Catheter - Bilateral | 2B.304 | NA |
| 304 | Cystoscopy Diagnostic | 2B.305 | NA |
| 305 | Cystoscopy with Bladder Biopsy | 2B.306 | NA |
| 306 | USG guided intervention - nephrostomy | 2B.307 | NA |
| 307 | Endoscopic Retrograde Cholangio Pancreatography (ERCP) (Endoscopic Retrograde Cholangio – Pancreatography) | 2B.308 | NA |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|----------------------------|---|-----------------------|------------------------------------|
| BURNS | | | |
| 1 | Post Burn Contracture surgeries for functional improvement involving soft tissue and bone(Package including splints, pressure garments and phsiotherapy) - Severe* | 3A.1 | 2370 |
| POST BURNS FOLLOWUP | | | |
| BF1 | Post Burns Follow up - 1 | 3A.BF1 | NA |
| BF2 | Post Burns Follow up - 2 | 3A.BF2 | NA |
| BF3 | Post Burns Follow up - 3 | 3A.BF3 | NA |
| CARDIOLOGY | | | |
| 2 | PTCA - one stent (non-medicated, elective) * | 3A.2 | 1287 |
| 3 | PTCA - 2 stent (non-medicated) * | 3A.3 | 1288 |
| 4 | PTCA - one stent (Drug Eluting Stent , elective) * | 3A.4 | 1287 |
| 5 | PTCA - Two stent (Drug Eluting Stents , elective) * | 3A.5 | 1288 |
| 6 | Balloon Mitral Valvotomy * | 3A.6 | 1262 |
| 7 | Balloon Pulmonary Valvotomy | 3A.7 | 1263 |
| 8 | Balloon Aortic Valvotomy* | 3A.8 | 1258 |
| 9 | Coarctation dilatation* | 3A.9 | 1425 |
| 10 | Peripheral Angioplasty with stent (non-medicated) * | 3A.10 | 1367 |
| 11 | Renal Angioplasty with stent (non-medicated) * | 3A.11 | 1365 |
| 12 | Both sided renal Angioplasty with stent (non-medicated) * | 3A.12 | 1365 |
| 13 | Vertebral Angioplasty (non-medicated) * | 3A.13 | 1315 |
| 14 | Permanent pacemaker implantation (only VVI single chamber) including Pacemaker value/pulse generator replacement | 3A.14 | 1310 |
| 15 | Permanent pacemaker implantation (DDR, dual chamber) including Pacemaker value/pulse generator replacement | 3A.15 | 1309 |
| 16 | Pulse Generator replacement | 3A.16 | NA |
| 17 | Septostomy | 3A.17 | 1271, 1418 |
| 18 | PDA Device Closure * | 3A.18 | 1280 |
| 19 | ASD Device Closure * | 3A.19 | 1272, 1275 |
| 20 | Ventricular Septal Defect Device Closure * | 3A.20 | 1279, 1280, 1281, 1282, 1283 |
| 21 | PDA Coil (one) insertion | 3A.21 | 1281 |
| 22 | PDA Multiple coil insertion | 3A.22 | 1282 |
| 23 | Intravascular ultrasound (IVUS)/Fractional Flow Reserve (FFR) | 3A.23 | 1442 |
| 24 | Electrophysiological Study (EP study) | 3A.24 | 1427 |
| 25 | Radiofrequency Ablation (RF Ablation) | 3A.25 | 1863 |
| 26 | 3D Mapping + Ablation | 3A.26 | NA |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--------------------------------|---|-----------------------|----------|
| 27 | Rotablation+ PTCA (non-medicated Stent)* | 3A.27 | 1421 |
| 28 | Rotablation+ PTCA (One Drug Eluting Stent)* | 3A.28 | 1421 |
| 29 | Rotablation+ Balloon Angioplasty | 3A.29 | 1421 |
| 30 | Peripheral Angioplasty with balloon * | 3A.30 | 1366 |
| 31 | Renal Angioplasty with stent (Drug Eluting) * | 3A.31 | 1365 |
| 32 | Venous stenting* | 3A.32 | NA |
| 33 | PDA stenting* | 3A.33 | 1279 |
| 34 | Coarctoplasty with stenting* | 3A.34 | 1323 |
| 35 | Right ventricular outflow tract (RVOT) stenting | 3A.35 | NA |
| 36 | Pulmonary artery stenting | 3A.36 | NA |
| 37 | Vertebral Angioplasty (non-medicated) - with stent | 3A.37 | NA |
| 38 | Paravalvular leak/ Ruptured sinus of Valsalva aneurysm (RSOV) | 3A.38 | 1374 |
| 39 | Carotid angioplasty with stent* | 3A.39 | 1441 |
| CARDIO THORACIC SURGERY | | | |
| 40 | Coronary artery bypass grafting (CABG) * | 3A.40 | 1295 |
| 41 | Coronary artery bypass grafting (CABG) with additional arterial graft* | 3A.41 | NA |
| 42 | Coronary artery bypass grafting (CABG) with Intra-aortic balloon pump (IABP) * | 3A.42 | 1293 |
| 43 | Coronary artery bypass grafting (CABG) + Valve Replacement * | 3A.43 | 1296 |
| 44 | Coronary artery bypass grafting (CABG) + Valve Replacement + Intra-aortic balloon pump (IABP) * | 3A.44 | 1296 |
| 45 | Coronary artery bypass grafting (CABG) with Aneurysmal repair * | 3A.45 | 1294 |
| 46 | Coronary artery bypass grafting (CABG) with Mitral Valve repair * | 3A.46 | 1296 |
| 47 | Coronary artery bypass grafting (CABG) with post MI Ventricular Septal Defect (Ventricular Septal Defect) repair with IABP* | 3A.47 | NA |
| 48 | Open Mitral Valvotomy * | 3A.48 | 1262 |
| 49 | Open Aortic Valvotomy * | 3A.49 | 1266 |
| 50 | Open Pulmonary Valvotomy * | 3A.50 | 1263 |
| 51 | Closed Mitral Valvotomy * | 3A.51 | 1259 |
| 52 | Mitral Valve Repair * | 3A.52 | 1262 |
| 53 | Tricuspid Valve Repair * | 3A.53 | NA |
| 54 | Aortic Valve Repair * | 3A.54 | NA |
| 55 | Ring for any Valve Repair * | 3A.55 | 1264 |
| 56 | Mitral Valve Replacement * | 3A.56 | 1269 |
| 57 | Aortic Valve Replacement * | 3A.57 | 1266 |
| 58 | Pulmonary Valve Replacement* | 3A.58 | 1263 |
| 59 | Tricuspid Valve Replacement * | 3A.59 | 1270 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--------------|--|------------------------------|-----------------|
| 60 | Valve Replacement with Intra-aortic balloon pump (IABP) * | 3A.60 | 1266 |
| 61 | Double Valve Replacement * | 3A.61 | 1265 |
| 62 | Ross Procedure * | 3A.62 | 1261 |
| 63 | Atrial septal defect (ASD) * | 3A.63 | 1272 |
| 64 | Ventricular Septal Defect (VSD) * | 3A.64 | 1273 |
| 65 | Atrioventricular septal defect (AVentricular Septal Defect)/ Atrioventricular (AV) Canal Defect * | 3A.65 | 1272 |
| 66 | Intracardiac repair (ICR) for Tetralogy of Fallot (TOF) * | 3A.66 | 1277 |
| 67 | Pulmonary Valvotomy + Right Ventricular Outflow Tract (RVOT) Resection * | 3A.67 | 1263 |
| 68 | Aortopulmonary Window (AP Window) * | 3A.68 | NA |
| 69 | Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM) * | 3A.69 | NA |
| 70 | Ebsteins * | 3A.70 | NA |
| 71 | Fontan * | 3A.71 | 1416 |
| 72 | Total Anomalous Pulmonary Venous Connection (TAPVC) * | 3A.72 | 1278 |
| 73 | Pulmonary Atresia with or without Ventricular Septal Defect * | 3A.73 | NA |
| 74 | Transposition of the great arteries (TGA) -Arterial Switch Operation* | 3A.74 | 1284, 1285 |
| 75 | Double Switch Operation * | 3A.75 | 1414 |
| 76 | Sennings * | 3A.76 | NA |
| 77 | Mustards * | 3A.77 | NA |
| 78 | Rastelli procedure -Pulmonary Conduit * | 3A.78 | NA |
| 79 | Truncus Arteriosus Surgery * | 3A.79 | 1325 |
| 80 | Root Replacement (Aortic Aneurysm/ Aortic Dissection) / Bental Procedure * | 3A.80 | 1325 |
| 81 | Aortic Arch Replacement* | 3A.81 | 1342 |
| 82 | Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB) with/without graft* | 3A.82 | 1342 |
| 83 | Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB) with/without graft* | 3A.83 | 1339 |
| 84 | Intrathoracic Aneurysm (without graft)-Aneurysm not Requiring Bypass Techniques* | 3A.84 | 1324 |
| 85 | Pulmonary Embolectomy / Endarterectomy* | 3A.85 | 1317 |
| 86 | Patent Ductus Arteriosus (PDA) Closure | 3A.86 | 1280 |
| 87 | Coarctation Repair* | 3A.87 | 1322 |
| 88 | Coarctation Repair with graft * | 3A.88 | 1328 |
| 89 | Blalock–Thomas–Taussig (BT) Shunt (inclusives of grafts) | 3A.89 | 1417 |
| 90 | Glenn Shunt | 3A.90 | NA |
| 91 | Central Shunt | 3A.91 | NA |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--------------------------------|--|------------------------------|------------------------|
| 92 | Pericardiectomy | 3A.92 | 1299 |
| 93 | Thoracoscopic surgery | 3A.93 | 1408 |
| 94 | Pericardiostomy Surgery | 3A.94 | 1298 |
| 95 | Thymectomy | 3A.95 | 1411 |
| 96 | Lobectomy | 3A.96 | 1390 |
| 97 | Pneumonectomy | 3A.97 | 1391 |
| 98 | Pleurectomy | 3A.98 | NA |
| 99 | Decortication | 3A.99 | 1397 |
| 100 | Mediastinotomy | 3A.100 | NA |
| 101 | Pulmonary AV Fistula surgery | 3A.101 | NA |
| 102 | Lung Cyst | 3A.102 | 1389 |
| 103 | Space-Occupying Lesion (SOL) mediastinum | 3A.103 | 1395 |
| 104 | Surgical Correction of Bronchopleural Fistula. | 3A.104 | 1398 |
| 105 | Diaphragmatic Eventration | 3A.105 | 1401 |
| 106 | Oesophageal Diverticula /Achalasia Cardia | 3A.106 | 1387 |
| 107 | Diaphragmatic Injuries/Repair | 3A.107 | 1402 |
| 108 | Thoracotomy, Thoraco Abdominal Approach | 3A.108 | 1388 |
| 109 | Bronchial Repair Surgery for Injuries due to Foreign body | 3A.109 | 1394 |
| 110 | Gastro Study Followed by Thoracotomy & Repairs of Oesophageal Injury for Corrosive Injuries/FB | 3A.110 | 1388 |
| 111 | Oesophageal tumour removal | 3A.111 | NA |
| 112 | Oesophagectomy | 3A.112 | 1994, 2015 |
| 113 | Encysted Empyema/Pleural Effusion - Tubercular | 3A.113 | 1393 |
| 114 | First rib Excision by transaxillary approach Excision of cervical rib / fibrous band / muscle by cervical approach | 3A.114 | 64 |
| 115 | Thorocotomy and resection of pluera with Lung | 3A.115 | 1404 |
| 116 | Tracheoplasty and introduction of montgomery T-tube (Tracheal stenting) | 3A.116 | 80 |
| 117 | Congenital Hypoplasia of the lung | 3A.117 | Na |
| 118 | Congenital Cystic Lesions | 3A.118 | NA |
| 119 | Pulmonary Sequestration | 3A.119 | NA |
| 120 | Pulmonary artero venous malformation | 3A.120 | NA |
| 121 | Thoracotomy & Excision and fixation of the Spine | 3A.121 | NA |
| 122 | Hiatus Hernia Repair | 3A.122 | 212, 213 |
| 123 | Intrathoracic Aneurysm (with graft) -Requiring Bypass Techniques* | 3A.123 | 1324, 1329 |
| CARDIO VASCULAR SURGERY | | | |
| 124 | Pericardiostomy without balloon | 3A.124 | 1298 |
| 125 | Thromboembolectomy - unilat singular | 3A.125 | 1318, 1316, 1317, 1319 |
| 126 | Thromboembolectomy - bilat /multi level | 3A.126 | 1318, 1316, 1317, 1319 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--|---|------------------------------|-----------------|
| 127 | Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB) including graft* | 3A.127 | 1342 |
| 128 | Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB) including graft* | 3A.128 | 1339 |
| 129 | Surgery for Arterial Aneurysm -Abdominal aorta | 3A.129 | 1333 |
| 130 | Surgery for Arterial Aneurysm Renal Artery | 3A.130 | 1372 |
| 131 | Operations for Stenosis of Renal Arteries | 3A.131 | 1373 |
| 132 | Femoropopliteal by pass procedure with graft (inclu. Graft) | 3A.132 | 1349 |
| 133 | Aorto Bi Iliac / Bi femoral /Axillo bi femoral bypass with Synthetic Graft | 3A.133 | 1351 |
| 134 | Femoro Distal / Femoro-popliteal/ Femoral infra popliteal Bypass with Vein Graft | 3A.134 | 1354 |
| 135 | Carotid- carotid/Carotid- Subclavian/ Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with Synthetic Graft | 3A.135 | 1354 |
| 136 | Axillo Brachial Bypass using Synthetic Graft/Brachial Artery to Auxillary Vein/Basilic Vein grafting using PTFE graft | 3A.136 | 1355 |
| 137 | Brachio - Radial Bypass (with vein) | 3A.137 | 1356 |
| 138 | Excision of Carotid body Tumor with / without vascular repair | 3A.138 | 1379 |
| 139 | Carotid artery bypass with Synthetic Graft | 3A.139 | 1337 |
| 140 | Excision of Arterio Venous malformation - Large | 3A.140 | 1330 |
| 141 | Excision of Arterio Venous malformation - Small (Congenital/Acquired) | 3A.141 | 1331 |
| 142 | Carotid/other peripheral endarterectomy | 3A.142 | 1926 |
| 143 | Carotid/other endarterectomy with patch | 3A.143 | 1926 |
| 144 | Aortic Angioplasty | 3A.144 | Na |
| 145 | Aortic/ iliac Angioplasty with one stent | 3A.145 | na |
| 146 | Aortic Angioplasty with two stents / Iliac angioplasty with stent Bilateral | 3A.146 | na |
| 147 | Deep Vein Thrombosis (DVT) - Inferior Vena Cava (IVC) filter (Recurrent DVD - (includes removal of filter) | 3A.147 | 1332 |
| 148 | Aneurysm infra renal aorta /aorto iliac(including graft) | 3A.148 | 1325 |
| 149 | Aorto uni iliac/uni femoral bypass | 3A.149 | 1350 |
| 150 | Peripheral arterial aneurysms | 3A.150 | 1369, 1370 |
| CARDIOLOGY/ CVS/ INTERVENTIONAL RADIOLOGICAL THERAPEAUTIC PROCEDURE | | | |
| 151 | Bronchial artery Embolisation (for Haemoptysis) | 3A.151 | 2904 |
| 152 | Percutaneous Transluminal Tricuspid Commissurotomy (PTTC) | 3A.152 | NA |
| 153 | Balloon Atrial Septostomy | 3A.153 | 1271 |
| 154 | Coiling - Pseudoaneurysms of Abdomen | 3A.154 | NA |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--------------------------------------|---|------------------------------|------------------------|
| 155 | Embolisation - Arteriovenous Malformation (AVM) in the Limbs | 3A.155 | 1897 |
| 156 | Catheter directed Thrombolysis for: Deep vein thrombosis (DVT), Mesenteric Thrombosis & Peripheral vessels* | 3A.156 | 2739 |
| 157 | Inferior Vena Cava (or IVC) Stenting | 3A.157 | NA |
| POST CARDIO SURGERY FOLLOW-UP | | | |
| CVSF1 | Post Cardiac surgery Followup-1 | 3A.CVSF1 | NA |
| CVSF2 | Post Cardiac surgery Followup-2 | 3A.CVSF2 | NA |
| CVSF3 | Post Cardiac surgery Followup-3 | 3A.CVSF3 | NA |
| CVSF4 | Post Cardiac surgery Followup-4 | 3A.CVSF4 | NA |
| CVSF5 | Post Cardiac surgery Followup-5 | 3A.CVSF5 | NA |
| GENITO URINARY | | | |
| 158 | Open Pyelolithotomy* | 3A.158 | 1572 |
| 159 | Open Nephrolithotomy* | 3A.159 | 1569 |
| 160 | Pyeloplasty* | 3A.160 | 1581 |
| 161 | PCNL (Percutaneous Nephro Lithotomy)* (Inclusive of stent) | 3A.161 | 1636 |
| 162 | Nephrostomy (PCN)* | 3A.162 | 1571 |
| 163 | Simple Nephrectomy | 3A.163 | 1530 |
| 164 | Lap. Nephrectomy Simple | 3A.164 | 1585, 1530 |
| 165 | Lap. Nephrectomy Radical | 3A.165 | 2042, 1530 |
| 166 | Lap. Partial Nephrectomy | 3A.166 | 1584 |
| 167 | Open partial Nephrectomy | 3A.167 | 2041 |
| 168 | Open Anatomic Nephrolithotomy (For Staghorn Stone) | 3A.168 | 1574 |
| 169 | Retrograde Intra Renal surgery (RIRS with laser) – for renal and PUJ calculi* | 3A.169 | 1593 |
| 170 | URSL* (Inclusive of stent) | 3A.170 | 1594, 1738, 1739, 1740 |
| 171 | DJ stent (One side) | 3A.171 | 1651 |
| 172 | URSL-LASER* | 3A.172 | 1594, 1741, 1742, 1743 |
| 173 | DJ stent (Bilateral) | 3A.173 | 1651 |
| 174 | Ureterolithotomy-Open* | 3A.174 | 1601 |
| 175 | Ureterolithotomy-LAP* | 3A.175 | 1601 |
| 176 | Open Boari Flap-Uretaric stricture | 3A.176 | 1600, 1601, 257 |
| 177 | Open Ureteral Reimplantation (Unilateral) | 3A.177 | 1597, 1599 |
| 178 | Deflux for VUR* | 3A.178 | 1599 |
| 179 | Ureterocoele incision | 3A.179 | 1805 |
| 180 | TURP | 3A.180 | 1654 |
| 181 | Open Prostatectomy | 3A.181 | 1656 |
| 182 | Bladder Neck Incision | 3A.182 | 1628 |
| 183 | TRUS biopsy of prostate | 3A.183 | 1821 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--|--|------------------------------|------------------|
| 184 | Open Cystolithotomy | 3A.184 | 1610 |
| 185 | UVF/VVF Repair* | 3A.185 | 774, 775, 777 |
| 186 | Cystolithotripsy | 3A.186 | 1600, 1608, 1609 |
| 187 | TURBT | 3A.187 | 1613 |
| 188 | Laparoscopic VVF Repair | 3A.188 | 773 |
| 189 | Bladder Augmentation | 3A.189 | 1539 |
| 190 | Post TURBT BCG (Per Cycle Per Week) | 3A.190 | 1707, 1708 |
| 191 | Post TURBT Check Cystoscopy (Per Sitting) | 3A.191 | no code |
| 192 | Partial cystectomy* | 3A.192 | 1630 |
| 193 | Bladder diverticulectomy -open/lap* | 3A.193 | 1615 |
| 194 | Urethroplasty for Stricture Diseases-single stage* | 3A.194 | 1634, 1635 |
| 195 | Urethroplasty for Stricture Diseases-First Stage | 3A.195 | 1637 |
| 196 | Urethroplasty for Stricture Diseases-Second Stage* | 3A.196 | 1638 |
| 197 | Hypospadiasis(Adult)* | 3A.197 | 1544, |
| 198 | Hypospadiasis(Adult) First Stage | 3A.198 | 1545 |
| 199 | Hypospadiasis(Adult) Second Stage | 3A.199 | 1546 |
| 200 | Perineal Urethrostomy | 3A.200 | 1632 |
| 201 | Visual Internal Urethrotomy | 3A.201 | 1633, 1670 |
| 202 | Open Orchidectomy (Simple / Radical) | 3A.202 | 235 |
| 203 | Repair of stress incontinence - lap or open colpo suspension* | 3A.203 | 752, 753, 754 |
| 204 | Adenoma Excision- Adrenals | 3A.204 | 1457, 1755 |
| 205 | ESWL (Extra carporial shock-wave lithotripsy)* | 3A.205 | 1704 |
| 206 | ESWL (Extra carporial shock-wave lithotripsy) above 1 cm to 2 cm- Single Side* | 3A.206 | 1704 |
| 207 | Renal biopsy – Percutaneous | 3A.207 | NA |
| POST GENITO URINARY FOLLOW-UP | | | |
| GUF1 | Post Genito Urinary Follow up-1 | 3A.GUF1 | NA |
| GUF2 | Post Genito Urinary Follow up-2 | 3A.GUF2 | NA |
| GUF3 | Post Genito Urinary Follow up-3 | 3A.GUF3 | NA |
| NEONATAL AND PAEDIATRIC SURGERY | | | |
| 208 | Supraglottoplasty | 3A.208 | NA |
| 209 | Esophageal substitution surgery | 3A.209 | 1484 |
| 210 | Thoracic Duplication cyst | 3A.210 | 1389, 1396 |
| 211 | Thoracic Wall defects Correction | 3A.211 | 1473 |
| 212 | Omphalocele-Minor | 3A.212 | 1476, 1478 |
| 213 | Splenectomy - Child | 3A.213 | 189, 192, 193 |
| 214 | Shunt surgery for portal hypertension | 3A.214 | 108, 191 |
| 215 | Surgery for chronic pancreatitis | 3A.215 | NA |
| 216 | Colostomy formation | 3A.216 | 136, 137 |
| 217 | Biliary Atresia | 3A.217 | 1513 |
| 218 | Excision of choledochal cyst with hepatic jejunostomy | 3A.218 | 1514 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-------|--|-----------------------|-------------|
| 219 | Oesophageal Atresia | 3A.219 | 1481 |
| 220 | Diaphragmatic Hernia - Paed | 3A.220 | 1529, 220 |
| 221 | Unilateral Inguinal Hernia- Age less than 1 year | 3A.221 | 219, 220 |
| 222 | Bilateral Inguinal Hernia for age < 1 year | 3A.222 | 218 |
| 223 | Ureteric Reimplantations Bilateral * | 3A.223 | 1536 |
| 224 | Ureteric Reimplantations Unilateral * | 3A.224 | 1536, 1597 |
| 225 | Exstrophy Bladder Stage 2 | 3A.225 | 1536, 1597 |
| 226 | Urinary Diversion - Temporary | 3A.226 | 2044 |
| 227 | Urinary Diversion - Permanent | 3A.227 | 2044 |
| 228 | Urinary Diversion - Undiversion | 3A.228 | 2044 |
| 229 | Continence Stage 1 (Epispadias) | 3A.229 | 1547 |
| 230 | Stage 2 Incontinence for epispadias including bladder neck repair | 3A.230 | 1647, 1648 |
| 231 | Insertion of Hickman Catheter | 3A.231 | 1346, 1347 |
| 232 | Insertion of Chemo port | 3A.232 | 1346, 1347 |
| 233 | Congenital Hydronephrosis Open/Lap* | 3A.233 | 1535 |
| 234 | Feminising genitoplasty | 3A.234 | 1558 |
| 235 | Undescended Testis (Palpable) | 3A.235 | 1549 |
| 236 | Unscended Non palpable testis stage 1 | 3A.236 | NA |
| 237 | Undescended Non palpable testis stage 2 (definitve repair) | 3A.237 | NA |
| 238 | Anorectal Malformations Definite Repair | 3A.238 | 1510, 1494 |
| 239 | Anorectal Malformations Stage 3 | 3A.239 | 1499, 1501, |
| 240 | Anorectal malformation- Low variant | 3A.240 | 1502, 1506, |
| 241 | Hirschsprungs Disease stage 1 | 3A.241 | 1490, 1495, |
| 242 | Hirschsprungs Disease stage 2/Definitive Repair (Including Staplers) | 3A.242 | 1501, 1507 |
| 243 | Heller's Cardiomyotomy with fundoplication | 3A.243 | 89 |
| 244 | Simple Fundoplication | 3A.244 | 1154 |
| 245 | Intussusception pneumatic/hydrostatic reduction | 3A.245 | 108 |
| 246 | Pyloromyotomy | 3A.246 | 89 |
| 247 | Bladder Augumentation | 3A.247 | 1539 |
| 248 | Hypospadias First Stage | 3A.248 | 1545 |
| 249 | Hypospadias Definitive Repair - proximal penile | 3A.249 | 1544 |
| 250 | Hypospadias Definitive Repair - mid penile | 3A.250 | 1544, |
| 251 | Hypospadias Definitive Repair - distal penile | 3A.251 | 1544, 1546 |
| 252 | Hypospadias Re-Do | 3A.252 | NA |
| 253 | Fistula Closure Hypospadiacs | 3A.253 | NA |
| 254 | Cystoscopic fulguration of posterior urethral valves | 3A.254 | 1770 |
| 255 | Stent Removal | 3A.255 | 1703 |
| 256 | Laparotomy and excision of cyst (For Paediatric benign abdominal cyst) | 3A.256 | 320 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--|---|-----------------------|------------------|
| 257 | Polydactly (One finger) | 3A.257 | 2324 |
| 258 | Club hands Stage 1 / Club Foot | 3A.258 | 2394, 1088, 2324 |
| 259 | Club hands Stage 2 | 3A.259 | 2394, 1088, 2324 |
| 260 | Syndactly | 3A.260 | 2394, 1088, 2324 |
| 261 | Meningo Encephalocele * | 3A.261 | 1850 |
| 262 | Meningomyelocele * | 3A.262 | 1837, 1838 |
| 263 | Faciomaxillary surgery | 3A.263 | 1931, 2321, 2322 |
| 264 | Respiratory distress syndrome | 3A.264 | NA |
| 265 | Meconium Aspiration syndrome | 3A.265 | NA |
| 266 | Septicemia not requiring ventilation | 3A.266 | 2693, 2695 |
| 267 | VLBW not requiring ventilation | 3A.267 | 2658, 2661 |
| 268 | Neonatal jaundice requiring exchange transfusion | 3A.268 | 2610, 2611 |
| 269 | Asphyxia with convulsions | 3A.269 | 2650 |
| 270 | Cochlear Implant Surgery excluding implant(Including AV therapy) | 3A.270 | 2406 |
| 271 | Thalassemia/Sickle Cell anaemia (Quarterly per child per year) | 3A.271 | NA |
| Neuro Surgery - Atlanto Axial Dislocation (AAD) | | | |
| 272 | Transoral surgery /Anterior/ Posterior/CV Junction (with Stabilization) | 3A.272 | 1884 |
| 273 | Trans oral Surgery | 3A.273 | 1884 |
| 274 | RF Lesions for Trigeminal Neuralgia | 3A.274 | NA |
| 275 | Foramen Magnum Decompression | 3A.275 | 1956 |
| 276 | Endoscopic CSF Rhinorrhea Repair | 3A.276 | 1937 |
| 277 | Fetal Surgery for Myelomeningocele | 3A.277 | NA |
| NEUROSURGERY - GENERAL NEUROSURGERY | | | |
| 278 | Nerve Biopsy with report | 3A.278 | 1914 |
| 279 | Neuroblastoma | 3A.279 | 1456, 2148 |
| 280 | Nerve Decompression | 3A.280 | 360, 1922 |
| 281 | Peripheral Nerve Surgery Major | 3A.281 | 1868 |
| 282 | Carotid Endarterectomy | 3A.282 | 1926 |
| 283 | Stereotactic Lesioning | 3A.283 | 1888 |
| 284 | Epilepsy Surgery | 3A.284 | 1939 |
| 285 | CTS | 3A.285 | 1954 |
| 286 | Guillain Barre Syndrome | 3A.286 | NA |
| NEURO-SURGERY BRAIN | | | |
| 287 | Excision of Brain Tumor Supratentorial-Parasagittal * | 3A.287 | 1842 |
| 288 | Excision of Brain Tumor Supratentorial-Basal * | 3A.288 | 1839 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|----------------------------|---|-----------------------|------------------------|
| 289 | Excision of Brain Tumor Supratentorial-Brainstem * | 3A.289 | 1839 |
| 290 | Excision of Brain Tumor Infratentorial-C P Angle * | 3A.290 | 1841 |
| 291 | Excision of Brain Tumor Supratentorial & others * | 3A.291 | 1842 |
| 292 | Excision of Brain Tumors -Subtentorial * | 3A.292 | 1846 |
| 293 | Abscess Tapping Single | 3A.293 | 1831 |
| 294 | C.S.F. Rhinorrhoea | 3A.294 | 1852 |
| 295 | Cranioplasty | 3A.295 | 1847 |
| 296 | Aneurysm Clipping * | 3A.296 | 1872 |
| 297 | Stereotaxic Procedures | 3A.297 | 1888 |
| 298 | Trans Sphenoidal Surgery -Routine/Endoscopic | 3A.298 | 1871 |
| 299 | MVD (Micro Vascular Decompression) | 3A.299 | NA |
| 300 | Arterio venous malformation (AVM) excision (whatever size and location) */ Cavernoma | 3A.300 | 1330, 1331 |
| 301 | Superficial Temporal Artery (STA): middle Cerebral Artery (MCA) or (Other EC : IC) Bypass Procedure | 3A.301 | NA |
| 302 | Endoscopic ventriculostomy | 3A.302 | 1851 |
| 303 | Endoscopic colloid cyst excision | 3A.303 | NA |
| 304 | Endoscopic Tumour Removal | 3A.304 | 1839, 1840, 1841, 1842 |
| 305 | Excision of Orbital Tumour* | 3A.305 | 1971 |
| 306 | Cranio Facial Resection | 3A.306 | 2071 |
| 307 | Elevation/Excision of depressed fracture | 3A.307 | 1953 |
| 308 | Decompressive craniotomy | 3A.308 | 1830 |
| 309 | Craniostenosis | 3A.309 | 1899 |
| 310 | Gamma Knife radiosurgery (GKRS)/SRS for Tumours/Arteriovenous malformation (AVM) | 3A.310 | 1962, 1963 |
| 311 | Scalp Arteriovenous malformation (AVM) | 3A.311 | 1973 |
| 312 | Skull lesion including cranioplasty | 3A.312 | 1847 |
| 313 | Skull Lesion without Cranioplasty | 3A.313 | 1847 |
| 314 | Cranioplasty with mesh | 3A.314 | 1847 |
| NEURO-SURGERY SPINE | | | |
| 315 | Spinal Cord Tumours* | 3A.315 | 1858 |
| 316 | Anterior Cervical Discectomy Single level * | 3A.316 | 1881 |
| 317 | Anterior Cervical Discectomy Multiple level with Implants * | 3A.317 | 1887 |
| 318 | Laminectomy-Cervical * | 3A.318 | 1925 |
| 319 | Spinal Fusion Procedure + cost of implant * | 3A.319 | 1006, 1883 |
| 320 | Spinal Intra Medullary Tumours* | 3A.320 | 1859 |
| 321 | Spina Bifida Surgery Major * | 3A.321 | 1861, 1862 |
| 322 | Corpectomy for Spinal Fixation + cost of implant * | 3A.322 | 1882 |
| 323 | Posterior Cervical Discectomy without implant * | 3A.323 | 1891, 1881 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|---|---|------------------------------|-----------------|
| 324 | Posterior Cervical Fusion with implant (Lateral mass fixation) * | 3A.324 | 1887 |
| 325 | Theco Peritoneal Shunt | 3A.325 | 1854 |
| 326 | Cervical Disc Multiple level without Fusion | 3A.326 | 1881 |
| 327 | Thoracic/Lumbar Corpectomy with fusion inclusive of implant /Trans thoracic * | 3A.327 | 1881 |
| 328 | Spinal Fusion Procedure + cost of implant * Cost of next + Multiple level | 3A.328 | 1883 |
| POST NEURO SURGERY FOLLOW-UP | | | |
| NSBF1 | Post Brain surgery Follow up-1 | 3A.NSBF1 | NA |
| NSBF2 | Post Brain surgery Follow up-2 | 3A.NSBF2 | NA |
| NSBF3 | Post Brain surgery Follow up-3 | 3A.NSBF3 | NA |
| NSBF4 | Post Brain surgery Follow up-4 | 3A.NSBF4 | NA |
| NSSF1 | Post Spine surgery Follow up-1 | 3A.NSSF1 | NA |
| NSSF2 | Post Spine surgery Follow up-2 | 3A.NSSF2 | NA |
| NSSF3 | Post Spine surgery Follow up-3 | 3A.NSSF3 | NA |
| ONCOLOGY - LUNGS | | | |
| 329 | Lung metastatectomy - solitary | 3A.329 | 1997 |
| 330 | Lung metastatectomy - Multiple | 3A.330 | 1998 |
| 331 | Sleeve resection of Lung cancer | 3A.331 | 1999 |
| 332 | Mediastinal tumor resection | 3A.332 | 2003 |
| 333 | VATS/Laparoscopy (for deep seated biopsy) | 3A.333 | 2121 |
| 334 | Linear accelerator teletherapy, 3DCRT,IMRT,VMAT Adjuvant/Definitive | 3A.334 | 2227, 2228 |
| 335 | Brachytherapy - Intraluminal HDR per fraction (max 4 session) | 3A.335 | 2226 |
| 336 | Definitive, Adjuvant, SRS/SRT | 3A.336 | 2229 |
| 337 | Cobalt 60 External Beam Radiotherapy, Definitive, Neoadjuvant, Adjuvant | 3A.337 | 2221 |
| 338 | Cisplatin/Etoposide (IIIB)- Max. 6 cycles only (Per cycle) | 3A.338 | 2175 |
| 339 | Paclitaxel + Cisplatin / Carboplatin 2. Gemcitabine D1 & D8 + Cisplatin / Carboplatin -Max. 6 cycles only (Per cycle) | 3A.339 | 2178 |
| 340 | Pemetrexed +Carboplatin/Cisplatin (Stage IIIB, IV Adenocarcinoma)- Max. 6 cycles only (Per cycle) | 3A.340 | 2179 |
| 341 | Variable Regimen maximum 6 cycles (Per cycle)(Amount as per drug cost) | 3A.341 | 2177 |
| ONCOLOGY - SKIN/BONE AND SOFT TISSUE | | | |
| 342 | Limb salvage surgery for Bone Tumors with Prosthesis | 3A.342 | 2079 |
| 343 | Forequarter amputation | 3A.343 | 2083 |
| 344 | Shoulder Girdle Resection | 3A.344 | 2081 |
| 345 | Hemipelvectomy | 3A.345 | 2084 |
| 346 | Sacral Resection | 3A.346 | 2082 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--|---|-----------------------|------------------------|
| 347 | Wide excision - for skin, soft tissue and bone tumors - minor | 3A.347 | 2091 |
| 348 | Wide excision - for skin, soft tissue and bone tumors - Major | 3A.348 | 2091 |
| 349 | Wide excision + Reconstruction for soft tissue and bone tumors | 3A.349 | 2092 |
| 350 | Amputation for bone / soft tissue tumours (Minor) | 3A.350 | 2080 |
| 351 | Amputation for bone / soft tissue tumours (Major) | 3A.351 | 2080 |
| 352 | Chest wall resection for SOFT tissue bone tumors | 3A.352 | 2005 |
| 353 | Chest wall resection + Reconstruction | 3A.353 | 2006 |
| 354 | Linear accelerator teletherapy, Definitive, Neoadjuvant, Adjuvant 3DCRT/IMRT | 3A.354 | 2222, 2224, 2227, 2228 |
| 355 | Cisplatin/Adriamycin+ifosmide (IAP)- max 6 cycles (Per cycle) -Adj/Neo adjuvant/Palliative (Osteosarcoma) | 3A.355 | 2136 |
| 356 | High Dose Methotrexate (MTX)- max 6 cycles (Per cycle) | 3A.356 | 2168 |
| 357 | Variable Regimen -Ewings Sarcoma- max 17 cycles in 1 year (Per cycle)(Amount as per drug cost) | 3A.357 | 2137 |
| 358 | IFS + ADR-max 6 cycles (Per cycle) -Adj/Neo adjuvant/Palliative | 3A.358 | 2136 |
| ONCOLOGY - BLOOD - PAEDIATRICS AND OTHERS | | | |
| 359 | Induction/1st Phase-AML (2nd Induction - permitted in adults only) | 3A.359 | 2155 |
| 360 | Consolidation 1 to 4 phases(per phase)- AML | 3A.360 | 2157 |
| 361 | Induction, Intensification & Consolidation / ALL and Lymphoblastic NHL | 3A.361 | 2159, 2160, 2162 |
| 362 | CNS directed therapy - RT/CT (10 fractions) (CT- for age below 3 years; all others -RT) | 3A.362 | 2222, 2223, 2224, |
| 363 | Maintenance (Paed and adults) - ALL (Per month) | 3A.363 | 2158, |
| 364 | Adult ALL -Hyper CVAD/BFM - 4 cycles | 3A.364 | NA |
| 365 | D'angelo's for CNS primary and secondary lymphomas - (Max. 6 months) (Per month) | 3A.365 | NA |
| 366 | Salvage CT - GDP (Gemcitabine - Cisplatin- Dexamethasone)- Maximum 6 cycles (Per cycle) | 3A.366 | 2181 |
| 367 | Salvage CT - ICE (Ifosfamide-Carboplatin-Etoposide)- Maximum 6 cycles (Per cycle) | 3A.367 | 2149 |
| 368 | Salvage CT -DHAP (cytosine arabinoside-cisplatin-dexamethasone) - Maximum 6 cycles (Per cycle) | 3A.368 | NA |
| 369 | Imatinib Min 400 mg/day-max 12 cycles per year (Per month) - AML, CML | 3A.369 | 2196 |
| 370 | Second generation Tab TKI - max 12 cycles per year (Per month) - (Failure of Imatinib) | 3A.370 | NA |
| 371 | Bendamustine- max 6 cycles (Per cycle) - CLL | 3A.371 | 2193 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--------------------------|--|------------------------------|------------------|
| 372 | Bendamustine + Ritumaxib- 6-8 cycles (Per cycle) - CLL (Available only at select centres) | 3A.372 | 2199 |
| 373 | Doxorubicin - Bleomycin - Vinblastine Dacarbazine (DBVD)-max 6-8 cycles (Per cycle) (Day1 & Day15) - Hodgkins | 3A.373 | 2137 |
| 374 | Cyclophosphamide - Doxorubicin Vincristine - Prednisone (CHOP)- max 8 cycles (Per cycle) - NHL/Lymphoma | 3A.374 | 2138 |
| 375 | R-CHOP -max 6 cycles (Per cycle) | 3A.375 | 2188 |
| 376 | Variable Regimen-Non Lymphoblastic NHL, (Per cycle) max. 8 cycles.(Amount as per drug cost) | 3A.376 | 2147 |
| 377 | Linear accelerator, less than 20 fractions/3DCRT/IMRT | 3A.377 | 2224 |
| 378 | Cobalt 60 External Beam Radiotherapy,Involved-Site Radiotherapy (ISRT)/Involved Field Radiation Therapy (IFRT) | 3A.378 | 2221 |
| 379 | Linear accelerator,Involved-Site Radiotherapy (ISRT)/Involved field radiation therapy (IFRT)/3DCRT/IMRT | 3A.379 | 2221 |
| 380 | Vincristine, Adriamycin, Dexamethasone(VAD)-cycle max 6 cycles - Multiple myeloma | 3A.380 | 2141 |
| 381 | Thalidomide+Dexamethasone(Oral)-/month max 12 months - Multiple myeloma | 3A.381 | 2142 |
| 382 | Melphalan -Prednisone (oral)-Month max 12 months -- Multiple myeloma | 3A.382 | 2143 |
| 383 | Plasma cell Leukemia / Multiple Myeloma - Thaladomide, Dexamethasone, Bortezomib - max 6 cycles | 3A.383 | 2142 |
| 384 | Zoledronic acid along with Adjuvant Chemotherapy of AS-I-Maximum 12 cycles (Bone metastasis) | 3A.384 | 2166 |
| 385 | SIOP/NATIONAL WILMS TUMOUR STUDY GROUP(NWTS) regimen(Stages I - V)- max 6 months (Per month) - Wilm's | 3A.385 | 2144 |
| 386 | Variable Regimen-Neuroblastoma- max 1 year (Per cycle)(Amount as per drug cost) | 3A.386 | 2148 |
| 387 | Carbo/Etoposide/Vincristine-max 6 cycles (Per cycle) - Retinoblastoma | 3A.387 | 2149 |
| 388 | Variable Regimen- LCH-max 1 year (Per month)(Amount as per drug cost) | 3A.388 | 2147 |
| 389 | Vincristine-Actinomycin-Cyclophosphamide(Vact C) based chemo - max 1 year (Per cycle)- Rhabdomyosarcoma | 3A.389 | 2153 |
| 390 | Palliative and Supportive Therapy (Per month) | 3A.390 | 2165 |
| 391 | Salvage CT- max 6 cycles (Per cycle) only paediatrics | 3A.391 | NA |
| ONCOLOGY - BREAST | | | |
| 392 | Mastectomy +Axillary Dissection | 3A.392 | 2089 |
| 393 | Mastectomy +Axillary Dissection+Defect Closure with Flap | 3A.393 | 2089 2090 |
| 394 | Axillary Dissection | 3A.394 | 2011 |
| 395 | Breast Conserving Surgery | 3A.395 | 228 |
| 396 | Bilateral oophorectomy | 3A.396 | 687 |
| 397 | Accelerated partial breast irradiation (APBI) any type/ LINAC/3DCRT/IMRT | 3A.397 | 2222, 2228, 2224 |

ANNEXURE 3**Government Order No. HFW 91 CGE 2017****Tertiary Healthcare Treatments**

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|---|---|------------------------------|------------------------|
| 398 | 5- Fluorouracil A-C (FAC)(Maximum 6 cycles) (Per cycle) | 3A.398 | 2150 |
| 399 | AC (Maximum 4 cycles) (Per cycle) | 3A.399 | 2127 |
| 400 | FEC (Epirubicin based)(Maximum 6 cycles) (Per cycle) | 3A.400 | 2150 |
| 401 | Paclitaxel/docetaxel(Maximum 4cycles) (Adjuvant) (Per cycle) | 3A.401 | 2139, 2201 |
| 402 | Cyclophosphamide/Methotrexate/5Fluorouracil (CMF) (Per cycle) | 3A.402 | 2151 |
| 403 | 1. TC Docetaxel + Cyclophosphamide. 2. TAC Docetaxel + Doxorubicin + Cyclophosphamide. 3. Gemcitabine D1 & D8 | 3A.403 | 2127,2182, 2145, 2150 |
| 404 | Tamoxifen tabs- maximum 12 cycles (Per month) | 3A.404 | 2164 |
| 405 | Aromatase Inhibitors (Anastrozole/Letrozole/ Exemestane)- maximum 12 cycles (Per month) | 3A.405 | 2171 |
| 406 | Palliative CT- Max 6 cycles (Per cycle) | 3A.406 | 2163 |
| 407 | Variable Regimen - maximum 6 cycles (Per cycle) (Amount as per drug cost) | 3A.407 | 2150, 2127 |
| 408 | Paclitaxel weekly x 12 weeks | 3A.408 | 2139 |
| ONCOLOGY - GI TRACT AND OESOPHAGUS | | | |
| 409 | Capetabine (Day 1-14) - 6 cycles (Palliative/Adjuvant); As Concurrent as RT sensitizer with all RT | 3A.409 | 2187 |
| 410 | Variable Regimen maximum 6 cycles (Per cycle) (Amount as per drug cost) | 3A.410 | 2180, 2181, 2182, 2184 |
| 411 | Oesophagectomy with Two field Lymphadenectomy | 3A.411 | 2016 |
| 412 | Oesophagectomy with Three field Lymphadenectomy | 3A.412 | 2017 |
| 413 | Gastrectomy - any type | 3A.413 | 2019 |
| 414 | Small bowel resection | 3A.414 | 2022 |
| 415 | Closure of Ileostomy/ Colostomy | 3A.415 | 2028 2029 |
| 416 | Colectomy - any type | 3A.416 | 2023 |
| 417 | Anterior Resection (inclusive of staplers) | 3A.417 | 2031 |
| 418 | Abdominoperineal Resection | 3A.418 | 2030 |
| 419 | Feeding procedure(Gastrostomy/Jejunostomy) | 3A.419 | 2027 2020 |
| 420 | Ileostomy | 3A.420 | 2026 |
| 421 | Colostomy | 3A.421 | 2025 |
| 422 | Gastro Jejunostomy | 3A.422 | 2021 |
| 423 | Ileotransverse Colostomy | 3A.423 | 2024 |
| 424 | Distal Pancreatectomy | 3A.424 | 2036 |
| 425 | Enucleation of Cyst | 3A.425 | 1190 |
| 426 | Whipples surgery (inclusive of staplers) | 3A.426 | 1197 |
| 427 | Radical Cholecystectomy | 3A.427 | 2034 |
| 428 | Resection of Retroperitoneal Tumors | 3A.428 | 2040 |
| 429 | Abdominal wall tumor Resection | 3A.429 | 2038 |
| 430 | Abdominal wall Resection with reconstruction/mesh | 3A.430 | 2039 |
| 431 | GI Stenting including stent cost | 3A.431 | 1205 |
| 432 | Triple Bypass -GI Tract | 3A.432 | 1191 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--|---|-----------------------|-----------|
| 433 | Hepatectomy (right or left) | 3A.433 | 1180 1181 |
| 434 | Segmentectomy-Hepato Billiary System | 3A.434 | 1179 |
| 435 | Substernal bypass | 3A.435 | 2018 |
| 436 | Linear accelerator teletherapy, Definitive, 3DCRT/IMRT - for inoperable oesophagus cancer without metastasis. | 3A.436 | 2228 2227 |
| 437 | Cisplatin/Carboplatin- 5FU (Per cycle) -Oesophageal CA | 3A.437 | 2128 |
| 438 | Epirubicin+Cisplatin+5FU (Per cycle) | 3A.438 | 2128 |
| 439 | Hepatoblastoma - Variable regime, max 6 cycles (per cycle) as per drug cost cisplatin/carboplatin+adriamycin | 3A.439 | 2146 |
| 440 | Docetaxel+Cisplatin+5FU OR Capcetabine + Oxaloplatin (Neoadjuvant Chemotherapy maximum 3 cycles/pallative | 3A.440 | 2186 |
| 441 | EOX (Epirubicin + Oxaloplatin + Capcetabine) - Max 6 cycles | 3A.441 | 2180 |
| 442 | Monthly 5-Fluorouracil(FU) (Per cycle) -Colorectal cancer | 3A.442 | 2132 |
| 443 | 5-Fluorouracil-Oxaliplatin -Leucovorin (FOLFOX)- Day 1 and 2; Max. 12 cycles for adjuvant (Per cycle) -Colorectal cancer | 3A.443 | 2134 |
| 444 | 5-Fluorouracil-Oxaliplatin -Leucovorin (FOLFOX)- Day 1 and 2; Max. 6 cycles for palliative (Per cycle) -Colorectal cancer | 3A.444 | 2134 |
| 445 | Imatinib -Max for 6 months (Per month) | 3A.445 | 2183 |
| 446 | Gemcitabine+Cisplatin(Day 1,Day 8)-max 6 cycles (Per cycle) | 3A.446 | 2182 |
| 447 | Tab Sorafenib- max 12 months (Per month) | 3A.447 | 2205 |
| 448 | Oxiplatin+Capecitabine- max. of 6 cycles for palliative only or 8 cycles for adjuvant (Per cycle) | 3A.448 | 5 |
| 449 | Second line palliative CT - FOLFERI (Day 1, 2 every 14 days) max 6 cycles OR CAPIRI (Capcetabine D1 -14, Irinotecam | 3A.449 | NA |
| ONCOLOGY - GENITO URINARY SURGERY | | | |
| 450 | Radical Nephrectomy - Open/Lap * | 3A.450 | 2042 |
| 451 | Partial Nephrectomy | 3A.451 | 2041 |
| 452 | Nephro- ureterectomy for Transitional Cell Carcinoma of renal pelvis (one side) | 3A.452 | 2043 |
| 453 | Radical Cystectomy with Ileal conduit * | 3A.453 | 2047 |
| 454 | Other cystectomies * | 3A.454 | 2046 |
| 455 | High Orchidectomy * | 3A.455 | 2049 |
| 456 | Bilateral Orchidectomy * | 3A.456 | 2102 |
| 457 | Partial Penectomy * | 3A.457 | 2051 |
| 458 | Total Penectomy * | 3A.458 | 2097 |
| 459 | Inguinal Block Dissection-one side * | 3A.459 | 2115 2012 |
| 460 | Inguinal Block Dissection-Bilateral | 3A.460 | 2116 |
| 461 | Radical Prostatectomy with Bilateral pelvic lymph Node Dissection(BPLND) * | 3A.461 | 2048 |
| 462 | Anterior Exenteration | 3A.462 | 2109 |
| 463 | Total Exenteration | 3A.463 | 2110 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-------------------------------|--|------------------------------|-----------------|
| 464 | Suprapubic Cystostomy | 3A.464 | 2045 |
| 465 | Urinary diversion | 3A.465 | 2044 |
| 466 | Adrenalectomy * | 3A.466 | 1980 1981 |
| 467 | Retro Peritoneal Lymph Node Dissection(RPLND) | 3A.467 | 2013 |
| 468 | Linear accelerator teletherapy, 3DCRT (RT planning) | 3A.468 | 2228 |
| 469 | IMRT/VMAT/SBRT (Radical radiation alone for prostate) (RT Planning) | 3A.469 | 2227 |
| 470 | Linear accelerator, Curative less than 20 fractions | 3A.470 | 2224 |
| 471 | Weekly Cisplatin/Carboplatin- max 6 cycles with RT (Per week) | 3A.471 | 2133 |
| 472 | Gemcitabine+ Cisplatin(Day 1,Day 8)(Palliative /Adjuvant)- max 6 cycles (Per cycle) | 3A.472 | 2182 |
| 473 | Hormonal therapy with Abiratarone- monthly | 3A.473 | 2126 |
| 474 | Hormone therapy - Bicalutamide -50mg OD monthly (per month) | 3A.474 | 2126 |
| 475 | Carboplatin(AUC more than 5) (Per cycle) | 3A.475 | 2145 |
| 476 | Bleomycin-Etoposide-Cisplatin (BEP)- max cycles 4 (Per cycle) Germ cell tumours, extra gonadal tumour | 3A.476 | 2175 |
| 477 | Taxol,Ifophomide,Cisplatin/Carboplatin(TIP)/Vinblastine,Ifos phimide,Cisplatin(VeIP)- max cycles 4 (Per cycle) | 3A.477 | 2200 |
| 478 | Tab Sorafenib-max 12 months (Per month) | 3A.478 | 2205 |
| 479 | Palliative CT - (5FU + Cisplatin/Carboplatin) - Max 6 cycles (Per cycle) | 3A.479 | 2128 |
| 480 | Palliative CT-Docetaxel- Max 6 cycles (Per cycle) | 3A.480 | 2201 |
| 481 | Variable Regimen maximum 6 cycles (Per cycle)MVAC- Mitomycin, Vincristine, Adriamycin, Cyclophosphamide | 3A.481 | 2140 |
| 482 | Urinary bladder CA- Gemcitabine/Cisplatin as radio sensitizer weekly - max 8 weeks - (cost per week) | 3A.482 | 2182 |
| ONCOLOGY - GYNAECOLOGY | | | |
| 483 | Radical Trachelectomy | 3A.483 | 2056 |
| 484 | Radical Hysterectomy +Bilateral Pelvic Lymph Node Dissection (BPLND) + Bilateral Salpingo Oophorectomy (BSO) / Ovarian transposition | 3A.484 | 2060 |
| 485 | Anterior / Posterior Exenteration (Gynaec) | 3A.485 | 2061 2062 |
| 486 | Total Pelvic Exenteration | 3A.486 | 2063 |
| 487 | Bilateral pelvic lymph Node Dissection(BPLND) | 3A.487 | 2105 |
| 488 | Surgery for Ca Ovary - early stage | 3A.488 | 2052 |
| 489 | Surgery for Ca Ovary - advance stage with Mesenteric/Peritoneal/Omental Metastasis | 3A.489 | 2055 |
| 490 | Radical vaginectomy | 3A.490 | 2065 |
| 491 | Radical vaginectomy + Reconstruction | 3A.491 | 2066 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-----------------------------------|--|------------------------------|---------------------|
| 492 | Vulvectomy | 3A.492 | 2067 |
| 493 | Linear accelerator teletherapy, Definitive, Neoadjuvant, Adjuvant 3DCRT/IMRT | 3A.493 | 2222 2224 2228 2227 |
| 494 | Brachytherapy/ Interstitial LDR , adjuvant | 3A.494 | 2225 |
| 495 | Cisplatin/Carboplatin (AUC2)- Max. of 6 cycles only (Per cycle) | 3A.495 | 2145 |
| 496 | Carboplatin/Paclitaxel-max 6 cycles (Per cycle) | 3A.496 | 2145 |
| 497 | Bleomycin-Etoposide-Cisplatin (BEP) (Per cycle) - Germ cell tumours, extra gonadal tumour | 3A.497 | 2156 |
| 498 | Weekly Methotrexate (Per week) max. 10 cycles | 3A.498 | 2168 |
| 499 | Actinomycin- max 10 cycles (Per cycle) | 3A.499 | 2172 |
| 500 | Etoposide-Methotrexate-Actinomycin / Cyclophosphamide - Vincristine (EMA-CO)-max 6 cycles (Per cycle) | 3A.500 | 2174 |
| 501 | Variable Regimen (Amount as per drug cost)- max 6 cycles (Per cycle) | 3A.501 | 2163 2165 |
| 502 | Gemcitabine+ Carboplatin/ Liposomal Doxorubicin/ Albumin bound Paclitaxel (Adjuvant), max 6 cycles | 3A.502 | 2182 |
| ONCOLOGY - BRAIN AND SPINE | | | |
| 503 | X Knife, Gamma Knife, Cyber knife | 3A.503 | 1962 1963 |
| 504 | Cobalt 60 External Beam Radiotherapy, Definitive+Tab Temozolomide along with RT | 3A.504 | 2220 2219,2198 |
| 505 | Cobalt 60 teletherapy, Palliative | 3A.505 | 2220 |
| 506 | Linear accelerator teletherapy, Definitive+Tab Temozolamide | 3A.506 | 2224,2222,2198, |
| 507 | Linear accelerator teletherapy, 3DCRT, Definitive along with +concurrent Tab Temozolamide along with RT | 3A.507 | 2228, 2198, |
| 508 | Linear accelerator teletherapy, IMRT /VMAT, Definitive along with +concurrent Tab Temozolamide along with RT | 3A.508 | 2227, 2198 |
| 509 | Linear accelerator teletherapy, Palliative | 3A.509 | 2223 |
| 510 | Palliative CT- Max 6 cycles (Per cycle) For Primary and secondary tumours | 3A.510 | 2163 |
| 511 | Variable regimen - Max 6 cycles (Per cycle) | 3A.511 | 2163 2165 |
| 512 | Zoledronic acid - Max 12 cycles (Per month) | 3A.512 | 2163 |
| 513 | Tab Temozolemid for 6 months (5days every month x 6 months) | 3A.513 | 2198 |
| 514 | Growth Factor / Pegrafil (Per cycle) (Maximum 4 cycles) | 3A.514 | 2163, 2165 |
| ONCOLOGY - HEAD AND NECK | | | |
| 515 | Tracheal Resection and anastomosis | 3A.515 | 1996 |
| 516 | Sternotomy + Superior Mediastinal Dissection | 3A.516 | 2004 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--------------|--|------------------------------|------------------|
| 517 | Microlaryngeal Surgery including Phonosurgery | 3A.517 | 397, 398 |
| 518 | Resection of Nasopharyngeal Tumor | 3A.518 | 1991 |
| 519 | Myocutaneous / cutaneous flap | 3A.519 | 2093 |
| 520 | Palatectomy | 3A.520 | 1989 |
| 521 | Micro vascular reconstruction | 3A.521 | 2008 |
| 522 | Temporal bone resection (Any Type) | 3A.522 | 2074 |
| 523 | Composite Resection | 3A.523 | 2094, 2076 |
| 524 | Composite Resection and Reconstruction | 3A.524 | 2094 |
| 525 | Composite Resection + Micro vascular reconstruction | 3A.525 | 2094 2008 |
| 526 | Neck Dissection - any type | 3A.526 | 2009 |
| 527 | Hemiglossectomy | 3A.527 | 1985 |
| 528 | Maxillectomy | 3A.528 | 2070 |
| 529 | Parotidectomy | 3A.529 | 1987 |
| 530 | Laryngectomy - any type, with neck node dissection | 3A.530 | 1993 2009 |
| 531 | Voice Prosthesis | 3A.531 | NA |
| 532 | Laryngopharyngo Oesophagectomy | 3A.532 | 1994 |
| 533 | Hemimandibulectomy | 3A.533 | 2068 |
| 534 | Wide excision of lesion | 3A.534 | 2101 |
| 535 | Thyroidectomy any type | 3A.535 | 1978 |
| 536 | Laser Surgery of Larynx | 3A.536 | NA |
| 537 | Submandibular Gland Excision | 3A.537 | 1988 |
| 538 | Parathyroidectomy | 3A.538 | 1979 |
| 539 | Pharyngectomy & Reconstruction - Total | 3A.539 | 71 |
| 540 | Parapharyngeal Tumour Excision | 3A.540 | 403 |
| 541 | Linear accelerator (Photons) teletherapy, Adjuvant | 3A.541 | 2224 |
| 542 | Linear accelerator teletherapy 3DCRT, Definitive, Adjuvant | 3A.542 | 2228 |
| 543 | Linear accelerator teletherapy IMRT /VMAT, Definitive, Adjuvant | 3A.543 | 2227 |
| 544 | Brachytherapy/ Interstitial HDR one application, multiple doses Definitive/Boost | 3A.544 | 2226 |
| 545 | Cobalt 60 External Beam Radiotherapy, Definitive | 3A.545 | 2219, 2221 |
| 546 | Radioiodine Treatment < 100 Millicuries | 3A.546 | NA |
| 547 | Radioiodine Treatment > 100 Millicuries | 3A.547 | NA |
| 548 | Cisplatin/Carboplatin (AUC2) along with RT- max 6 cycles (Per cycle) | 3A.548 | 2173, 2202 |
| 549 | Carboplatin/cisplatin + Paclitaxel/Docetaxel (Neoadjuvant Chemotherapy)-Max. of 4 cycles only (Per cycle) -For stage | 3A.549 | 2145 |
| 550 | Cisplatin + 5 FU(Neoadjuvant Chemotherapy)/Palliative - Max. of 4 cycles only (Per cycle) | 3A.550 | 2128, 2130, 2135 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|---|---|------------------------------|-----------------------|
| 551 | Cisplatin + 5FU + Taxol/Docitaxel (only hypopharynx) | 3A.551 | 2184 |
| 552 | Palliative CT (Paclitaxel + Cisplatin or 5 FU + Cisplatin) - Max 6 cycles (Per cycle) | 3A.552 | 2163 |
| 553 | Palliative CT 1. Docetaxel + Cisplatin / Carboplatin. 2. Gemcitabine D1& D8 + Cisplatin / Carboplatin - max 6 | 3A.553 | 2182 |
| 554 | Tab Gefitinib/Erlotinib-Max 1 Year (Per month) | 3A.554 | 2176, 2177 |
| 555 | Tab Sorefinib- max 12 months (Per month) | 3A.555 | 2205 |
| ROBOTIC SURGERY - ALLOWED IN SELECTED CENTRES ONLY | | | |
| 556 | Prostate surgery (Code 592) - additional cost | 3A.556 | NA |
| 557 | Nephrectomy – partial (Code 660)- additional cost | 3A.557 | NA |
| 558 | Low AR and APR (Code 638, 639) - additional cost | 3A.558 | NA |
| 559 | Radical hysterectomy for CA cervix and CA endometrium (Code 648)- additional cost | 3A.559 | NA |
| POST ONCOLOGY FOLLOW-UP | | | |
| OF1 | Post Oncology Follow up-1 | 3A.OF1 | NA |
| OF2 | Post Oncology Follow up-2 | 3A.OF2 | NA |
| OF3a | Post Oncology Follow up-3 | 3A.OF3a | NA |
| OF3b | Post Oncology Follow up-3 with CECT | 3A.OF3b | NA |
| POLYTRAUMA | | | |
| 560 | Tendon injury requiring repair moderate | 3A.560 | 2231,989,968,965, 960 |
| 561 | Tendon injury requiring repair major | 3A.561 | 967968 |
| 562 | Nerve injuries minor | 3A.562 | 2231, 953,1868,1904 , |
| 563 | Nerve injuries major | 3A.563 | 952, 954, 955, 1931 |
| 564 | Nerve plexus injuries | 3A.564 | 1000 , 1866 , 1867 |
| 565 | Vascular peripheral/minor injuries | 3A.565 | 2231, |
| 566 | Vascular central/severe injuries(major) | 3A.566 | 2231 |
| 567 | Flap surgery (Simple) | 3A.567 | 2542 |
| 568 | Complex flap surgery | 3A.568 | 2364, 2365 |
| 569 | Visceral injuries moderate | 3A.569 | 610 |
| 570 | Visceral injuries severe | 3A.570 | 510611 |
| 571 | Chest injuries with ICD bilateral | 3A.571 | 2002, 1471, 2977 |
| 572 | Chest injuries with ICD + ICU | 3A.572 | 2391, 2398 , |
| 573 | Chest injuries with ICD + ICU + Ventilator | 3A.573 | 2398 , |
| 574 | Acetabular definitive treatment | 3A.574 | 1036, |
| 575 | Illizarov/Orthofix/hybrid external fixator application | 3A.575 | 2961, 1125, 1061 |

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-------|--|-----------------------|-----------------|
| 576 | Skin Grafting Major- Injuries(Add on code) | 3A.576 | 2352, 2354, 961 |
| 577 | Arthroscopic BANKARTS Repair for recurrent dislocation of shoulder** | 3A.577 | 986 |
| 578 | Total knee replacement(Unilateral) Procedure + Impant including cement cost. Incase of bilateral in same sitting only implant cost will be paid. In case of next sitting 50% of procedure cost & implant will be paid.** | 3A.578 | 942, 949, 950 |
| 579 | Total hip replacement Uncemented implant** | 3A.579 | 947, 948 |
| 580 | Total hip replacement cemented implant** | 3A.580 | 947, 948 |
| 581 | Total hip replacement Hybrid** | 3A.581 | 947, 948 |

* Procedures requiring Follow Up as per Annexure 3

** Super speciality procedures that shall be restricted to PHIs and Medical colleges (Public & Private)

Annexure 4**Government Order No. HFW 91 CGE 2017****Emergency Healthcare Treatments**

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|---------------------------------|--|-----------------------|------------------------|
| TERTIARY EMERGENCY CODES | | | |
| BURNS | | | |
| 1 | Second degree burns - Thermal (16% to 30%) | 4A.1 | 2263, 2264 |
| 2 | Second degree burns - Thermal (30% to 50%) | 4A.2 | 2249, 2250, 2242, 2243 |
| 3 | Between 50% to 60% Burns - Thermal | 4A.3 | 2244, 2245 |
| 4 | More than 60% Burns - Thermal | 4A.4 | 2245 |
| 5 | Chemical Burns/Acid Burns (Moderate) (Grafting not required) | 4A.5 | 537 |
| 6 | Chemical Burns (Severe) | 4A.6 | 537 |
| 7 | Electrical Burns(Moderate) | 4A.7 | 2255 |
| 8 | Electrical Burns(Severe) | 4A.8 | 2255 |
| 9 | Any degree burn with inhalational injury, with 72 hours ventilator support | 4A.9 | 2857 |
| CARDIOLOGY | | | |
| 10 | Coronary Balloon Angioplasty/PTCMA* | 4A.10 | 2961 |
| 11 | PTCA - one stent (non-medicated, emergency, inclusive of angiogram) at the same admission.* | 4A.11 | 1286, 1287 |
| 12 | PTCA - one Drug Eluting stent (emergency, inclusive of angiogram) at the same admission. * | 4A.12 | 1286, 1287 |
| 13 | PTCA - two bare metal stents (non-medicated, emergency, inclusive of angiogram) at the same | 4A.13 | 1288, 1289 |
| 14 | PTCA - two Drug Eluting stents (emergency, inclusive of angiogram) at the same admission. * | 4A.14 | 1288, 1289 |
| 15 | Medical treatment of Acute MI with Thrombolysis | 4A.15 | 2720 |
| 16 | Arrhythmias | 4A.16 | 2725, 2726 |
| 17 | Stuck valve with Thrombolysis | 4A.17 | 1960 |
| 18 | Medical management of unstable angina/non STS | 4A.18 | 2730, 2731 |
| 19 | Cardiac failure | 4A.19 | 2670, 2672, 2674 |
| 20 | CVA secondary to Cardiac conditions | 4A.20 | 1337, 2603, 2604 |
| 21 | Emergency dialysis for cardiac conditions | 4A.21 | 1791, 1792 |
| 22 | ICU with ventilator with dialysis | 4A.22 | 2646 |
| 23 | Acute respiratory distress - ventilator support | 4A.23 | 2560, 2561 |
| 24 | Pulmonary edema | 4A.24 | 2732 |
| 25 | Laryngoscopy / Bronchoscopy with dilatation of trachea with gum elastic bogie | 4A.25 | NA |

Annexure 4

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| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|--|---|--------------------------|------------------|
| 26 | Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy | 4A.26 | 1407 |
| 27 | Temporary Pacemaker implantation | 4A.27 | 1307, 1308 |
| 28 | Creation of AV fistula for dialysis | 4A.28 | 1346, 1347 |
| 29 | Pericardiostomy with balloon | 4A.29 | 1298 |
| 30 | Pericardiocentesis | 4A.30 | 1297 |
| 31 | Thrombolysis for peripheral ischemia | 4A.31 | 1960 |
| CARDIO THORACIC SURGERY | | | |
| 32 | Foreign Body Removal with scope | 4A.32 | 296 |
| 33 | Surgery for Cardiac Tumour/ Left Atrial (LA) Myxoma/ Right Atrial (RA) Myxoma | 4A.33 | 1300 |
| 34 | Lung Injury repair | 4A.34 | 1394 |
| 35 | Management of Mediastinitis / mediastinal bleeding | 4A.35 | 1395 |
| GENITO URINARY | | | |
| 36 | Hemodialysis for acute kidney injury (intiation phase) | 4A.36 | 1789, 1791, 1792 |
| 37 | Subsequent Hemodialysis - per session | 4A.37 | 1789, 1791, 1792 |
| 38 | Acute kidney injury without hemodialysis, inclusive of pre-op inv, post -op inv, procedure cost, wards | 4A.38 | 2644, 2646, |
| 39 | Acute kidney injury with hemodialysis, inclusive of pre-op inv, post -op inv, procedure cost, ICU/wards | 4A.39 | 2645 |
| 40 | Trochar SPC FOR ARU/Acute Urethral injury | 4A.40 | 1606 |
| 41 | Reduction of Paraphimosis | 4A.41 | 248 |
| NEONATAL AND PAEDIATRIC SURGERY | | | |
| 42 | Bronchoscopy for foreign body removal | 4A.42 | 428, 1405, 1565 |
| 43 | Airway Reconstruction for benign conditions | 4A.43 | 1458 |
| 44 | Anorectal Malformations Stage 1 | 4A.44 | 1501, 1495 |
| 45 | Neonatal Intestinal Atresias | 4A.45 | 1490 |
| 46 | Paediatric intestinal obstruction >1month | 4A.46 | 112 |
| 47 | Laparotomy for peritonitis | 4A.47 | 1488, 1489 |
| 48 | Omphalocele-Major/Gastroschisis | 4A.48 | 1478, 1479 |
| 49 | Intussusception operative reduction | 4A.49 | 1493 |
| 50 | Bowel resection and anastomosis | 4A.50 | 88 |
| 51 | Exstrophy Bladder Stage 1 | 4A.51 | 1605 |
| NEUROSURGERY | | | |
| 52 | Craniotomy and Evacuation of Haematoma - Subdural * | 4A.52 | 1828 |

Annexure 4

Government Order No. HFW 91 CGE 2017

Emergency Healthcare Treatments

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|---------------------------------------|---|--------------------------|------------|
| 53 | Craniotomy and Evacuation of Haematoma - Extradural * | 4A.53 | 1829 |
| 54 | Ventriculoatrial /Ventriculoperitoneal Shunt | 4A.54 | 1947 |
| 55 | Subdural Tapping/Burr | 4A.55 | 1824 |
| 56 | Twist Drill Craniostomy | 4A.56 | 1823 |
| 57 | Abscess Tapping multiple | 4A.57 | 1826 |
| 58 | Excision of Brain Abscess | 4A.58 | 1831, 1832 |
| 59 | External Ventricular Drainage (EVD) | 4A.59 | 1855 |
| ONCOLOGY | | | |
| 60 | IV antibiotics and other supportive therapy For Febrile Neutropenia (Per episode) | 4A.60 | 2169 |
| 61 | Exploratory laparotomy | 4A.61 | 346 |
| SECONDARY EMERGENCY PROCEDURES | | | |
| BURNS | | | |
| 62 | Electric Shock | 4A.62 | 2255 |
| ENT | | | |
| 63 | Peritonsillar abscess under LA | 4A.63 | 420 |
| 64 | Removal of foreign body from Ear | 4A.64 | 393 |
| 65 | Fracture reduction of nasal bone | 4A.65 | 2279 |
| 66 | Removal of foreign body from Nose | 4A.66 | 466 |
| GENERAL EMERGENCY | | | |
| 67 | Drowning | 4A.67 | NA |
| 68 | Bullgore Injury | 4A.68 | NA |
| 69 | Injuries caused while operating agricultural equipments | 4A.69 | NA |
| GENERAL MEDICINE | | | |
| 70 | Acute meningitis - fungal | 4A.70 | 2753 |
| 71 | Acute meningitis - pyogenic | 4A.71 | 2752 |
| 72 | Acute Myocardial infarction (conservative management) | 4A.72 | 2720 |
| 73 | Acute renal failure | 4A.73 | 2745 |
| 74 | Acute renal failure (plus dialysis) - maintenance dialysis | 4A.74 | 2745, 2748 |
| 75 | Acute respiratory failure (including ventilator) | 4A.75 | 2776 |
| 76 | Intracerebral haemorrhage (ICU) | 4A.76 | 1976 |
| 77 | Mngt of Hemorrhagic Stroke/Strokes | 4A.77 | 2604 |
| 78 | Subarachnoid haemorrhage (ICU) - Conservative management | 4A.78 | 2602 |
| 79 | Acute Exacerbation of COPD | 4A.79 | 2854 |

Annexure 4

Government Order No. HFW 91 CGE 2017

Emergency Healthcare Treatments

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|----------------------------|--|--------------------------|------------|
| 80 | Acute Hypertension - medical management | 4A.80 | 2592, 2621 |
| 81 | Asthma Acute Status | 4A.81 | 2856, 2668 |
| 82 | Chicken pox- complicated | 4A.82 | NA |
| 83 | COPD+ Respiratory Failure | 4A.83 | 2558, 2557 |
| 84 | Food poisoning | 4A.84 | NA |
| 85 | Heat stroke | 4A.85 | NA |
| 86 | Malaria - complicated | 4A.86 | 2566 |
| 87 | Management of Pneumothorax | 4A.87 | 2638 |
| 88 | Scorpion sting | 4A.88 | 2675 |
| 89 | Transforaminal Block | 4A.89 | NA |
| 90 | Upper GI bleeding (conservative) | 4A.90 | 2901 |
| 91 | Control of diabetic ketoacidosis | 4A.91 | 2629 |
| 92 | Cerebral infarction | 4A.92 | 2604 |
| 93 | Emphysema Acute Exacerbation | 4A.93 | 2608 |
| 94 | Mngt of Ischemic Strokes | 4A.94 | 2762 |
| 95 | Dengue haemorrhagic fever | 4A.95 | 2585 |
| 96 | Dengue h'agic fever (plus packed cell transfusion) | 4A.96 | 2585 |
| 97 | Hyper Osmolar Non Ketotic Coma | 4A.97 | NA |
| 98 | Meningitis | 4A.98 | 2613, 2624 |
| 99 | Other Coagulation disorders (plus blood tranfusion units costs) | 4A.99 | 2569 |
| 100 | Septic shock | 4A.100 | 2562 |
| 101 | Septicemia | 4A.101 | 2661, 2662 |
| 102 | Viral meningitis | 4A.102 | 2613 |
| 103 | Accidental orgono phosphorus poisoning | 4A.103 | 2563 |
| 104 | Acute asthamic attack | 4A.104 | 2856 |
| 105 | Status epilepsy | 4A.105 | 2764 |
| 106 | Staus asthamaticus | 4A.106 | 2856 |
| 107 | TB Meningitis | 4A.107 | 2565 |
| 108 | Tetanus | 4A.108 | 2622 |
| 109 | Snake bite | 4A.109 | 2687 |
| GENERAL PAEDIATRICS | | | |
| 110 | Medical Management of Cerebral Malaria (Falciparum) | 4A.110 | 2566, 2692 |
| 111 | Medical Management of Convulsive Disorders/Status Epilepticus (Fits)in Paediatric | 4A.111 | 2684, 2632 |
| 112 | Medical Management of Encephalitis / Encephalopathy in Paediatric patient | 4A.112 | 2631 |

Annexure 4

Government Order No. HFW 91 CGE 2017

Emergency Healthcare Treatments

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|-----------------------------------|---|--------------------------|------------|
| 113 | Medical Management of Neuro Tuberculosis With Ventilation in Paediatric patient | 4A.113 | 2626 |
| 114 | Multi System Organ Failure | 4A.114 | 2680, 2564 |
| 115 | Kerosene Ingestion | 4A.115 | NA |
| 116 | Suspected Dengue Shock Syndrome With Thrombocytopenia | 4A.116 | 2585 |
| 117 | Medical Management of Acute Renal Failure in Paediatric patient | 4A.117 | 2644 |
| 118 | Medical Management of Acute Renal Failure With Dialysis in Paediatric patients | 4A.118 | 2645 |
| 119 | Acute Stridor/Foreign Body Obstruction | 4A.119 | NA |
| GENERAL SURGERY | | | |
| 120 | Radical fronto ethmo sphenodectomy | 4A.120 | 446 |
| 121 | Intestinal perforation | 4A.121 | 110 |
| 122 | Intestinal Obstruction | 4A.122 | 112 |
| 123 | Intussusception | 4A.123 | 1493 |
| 124 | Gastric Perforation | 4A.124 | 92, 93 |
| OBSTETRICS AND GYNAECOLOGY | | | |
| 125 | Eclampsia With Complications | 4A.125 | 810 |
| 126 | Eclampsia With Complications Requiring Ventilatory Support | 4A.126 | 810 |
| 127 | Abruptio-Placenta With Coagulation Defects(Disseminated Intravascular Coagulation (DiC)) | 4A.127 | 792 |
| 128 | Tension free Vaginal Tape (TVT) Repair (Stress Urine Incontinence) {Non incl. implant} | 4A.128 | 753 |
| 129 | Open Ectopic Gestation | 4A.129 | 803 |
| 130 | Manual Removal of Placenta | 4A.130 | NA |
| 131 | Emergency Casearean delivery - To be provided in private hospital only when a PHI in same taluka does not has the medical capability. | 4A.131 | 787 |
| 132 | Repair of post coital tear, perineal injury | 4A.132 | 823 |
| 133 | Laprotomy for ectopic repute | 4A.133 | 745, 746 |
| 134 | Perforation of Uterus after D/E laprotomy and closure | 4A.134 | 728 |
| 135 | Broad Ligment Haemotoma drainage | 4A.135 | 828 |
| OPHTHALMOLOGY | | | |
| 136 | Perforating corneo - Scleral Injury | 4A.136 | 488 |
| 137 | Acid and alkali burns | 4A.137 | 537 |
| POLYTRAUMA - RTA | | | |
| 138 | Deglove injury of extremities | 4A.138 | 2360, 2390 |

Annexure 4

Government Order No. HFW 91 CGE 2017

Emergency Healthcare Treatments

| S. No | Procedures | Arogya Karnataka Code | CEA Code |
|---|---|--------------------------|-------------------------|
| 139 | Inter costal drainage (icd) one side | 4A.139 | 1406, 2002, 2977, 17 |
| 140 | Inter costal drainage (icd)bilateral (flail chest) | 4A.140 | 1406, 2002, 2977, 17 |
| 141 | Inter costal drainage (icd)bilateral (flail chest) with icu stay | 4A.141 | 1406, 2002, 2977, 17 |
| 142 | Inter costal drainage (icd)bilateral (flail chest) with icu stay with ventilator | 4A.142 | 1406, 2002, 2977, 17 |
| 143 | Blunt injury abdomen with icu stay | 4A.143 | NA |
| 144 | Supra pubic cystostomy in fracture pelvis | 4A.144 | 1734, 2045 |
| 145 | Immobilization for suspected spine injuries | 4A.145 | 1013 |
| 146 | Spine injuries - with ct/mri | 4A.146 | 1013 |
| 147 | Tracheostomy | 4A.147 | 1995 |
| 148 | Head injury with icu (conservative)) | 4A.148 | NA |
| 149 | Head injury with icu stay (with ventilator) | 4A.149 | NA |
| 150 | Head injury with minimal surgical intervention | 4A.150 | NA |
| 151 | RTA injuries associated with burns (conservative management) | 4A.151 | 2360 |
| 152 | Simple/Compound fracture with fixator along with implants for bones of Foot & Hand | 4A.152 | 2364, 2383, 2386 |
| 153 | ICU stay other than head injury | 4A.153 | 2392, 2393 |
| POLYTRAUMA | | | |
| 154 | Fasciotomy of upper and lower limb for compartment syndrome | 4A.154 | 956, 957, 958 |
| <i>* Procedures requiring Follow Up as per Annexure 3</i> | | | |

Annexure 5

G.O. No. HFW 91 CGE 2017 dated 1.3.2018

Patient Enrollment Procedure

1. Norms for Enrollment

- 1.1. Enrollment under the “Arogya Karnataka” scheme is open to all citizens that are domicile of Karnataka State excluding those mentioned in “Scope para 2” of the Government Order No. HFW91 CGE 2017, Dated 1.3.2018, Bengaluru.
- 1.2. It is mandatory to get enrolled in the Arogya Karnataka scheme online system to become a beneficiary of the scheme.
- 1.2. Enrollment will normally take place in all Public Health Institutions in the State(PHI) when a patient approaches a PHI for treatment for the first time.
- 1.3. Only in the case of emergency (as defined in the emergency code Annexure-4 to GO at reference above), a patient may be enrolled at a Private Empanelled Hospital when due to the emergency he approaches a private hospital without a referral.
- 1.4. Each PHI or Private Empanelled Hospital shall have an enrollment counter with Enrollment Staff to facilitate the process.
- 1.5. In order for a patient to enroll, he or she shall present an Aadhar card and a PDS card. An Aadhar card is mandatory for enrollment for all beneficiaries. A PDS card is mandatory for a patient to be enrolled as an “Eligible Patient”. If a patient does not have a PDS card, he or she will be categorized as a “General Patient” regardless of financial status.
- 1.6. Each PHI or Private Empanelled Hospital shall have a designated enrollment counter, that is equipped with a computer, a printer, a biometric scanner, a Bar Code/QR code reader, a web camera and internet connection with sufficient bandwidth (at least 20MBPS). In PHIs, this infrastructure will be provided by the Department of Health and Family Welfare. The Department of Medical Education will provide the infrastructure for the teaching hospitals. All private hospitals must provide this infrastructure in order to become empanelled under the scheme. Each enrollment counter must be staffed with at least one Enrollment Staff to facilitate the process of enrollment. The Enrollment Staff will be designated by the District Hospital Superintendent for his hospital as well as Taluk hospitals and CSCs in his jurisdiction.

2. Process for Enrollment

The following one-time enrollment process should be followed for enrolling beneficiaries in the scheme at the PHI/Private Empanelled Hospital.

- 2.1. When a patient approaches a PHI for the treatment, the enrollment staff of the PHI will be enrolling the patient on the enrollment portal developed for “Arogya Karnataka” and generate a unique ID to be called “ArKID” for ease of use.

- 2.2 As a first step, the beneficiary will be asked to provide his or her Aadhar Card number and his biometric impression on a biometric device. The captured biometric data will then be used for verification on the CIDR Aadhar Server to authenticate the captured biometrics with the existing biometrics in the server.
- 2.3 In case there is a failure in reading the bio metric impression of the beneficiary wishing to enrol, other options such as “OTP”, capturing data from the QR code and getting data from the Food Department’s database are provided.
- 2.4 While benefits of the scheme can be availed in PHIs by the methods provided for enrolment in para 2.4 producing Adhaar card/ number and authentication with the Adhaar database is mandatory for referral to private hospitals.
- 2.5 A mandatory consent will be obtained using a pre-printed self-declaration form from the enrolling beneficiary to use his details only for the purpose of enrollment.
- 2.6 The self-declaration form will also contain a section where in the beneficiary desiring to be enrolled under “Arogya Karnataka” scheme gives a declaration that he/she does not have an insurance in any other scheme as per “Scope, para 2” of the GO referred to above.
- 2.7 Post successful authentication, the **E-KYC** details will be auto populated from the CIDR Aadhar server to SAST application.
- 2.8 At the same time, the beneficiary should also produce his PDS card to the enrollment staff. The PDS card details will then be verified, via a web service, with the stored PDS details in the Food and Civil Service Database to determine whether the beneficiary belongs to “Eligible Category” or not, as per the norms defined under the National Food Security Act 2013. Accordingly, he will be categorized as ‘Eligible Patient’. If a beneficiary is not from the “Eligible category” as per the FSA or if the beneficiary does not have a PDS card, he or she will be automatically enrolled as a “General Patient”.
- 2.9 Once the E-KYC form is filled and the beneficiary categorization is completed, the beneficiary will become registered under the Scheme and will be given a unique scheme ID “ArKID” number. (The entitlement and status of enrolment are given in Table 1 below).
- 2.10. The generated unique ID number printed on a card will be provided on a payment of Rs.10/- only for the first time to the successfully enrolled beneficiary. A message will also be communicated to him/her on his mobile phone if he/she has provided the mobile number. For reprinting the card on request of the enrolled beneficiary in case he has lost the card he will be given another card at a cost of Rs.20/- only.

3. ArKID, Unique Health Card Identity:

- 3.1 The unique ArKID will be the PDS card Number with a separator (-) and a sequential number for each member of the family that approaches a PHI for service and seeks to get enrolled.

- 3.2 The UHC Card provided will contain Photo, Name, Unique Scheme ID and Basic Details of the Beneficiary. An SMS alert will also be sent to the Enrolled Patient to his mobile number wherever the mobile number has been shared with the registration personnel.
- 3.3 Once the Scheme card is generated the patient can access the treatment under the “Arogya Karnataka” scheme.
- 3.4 The beneficiary will not be required to carry his Aadhaar card or Food card the next time he visits the hospital for treatment. He will be serviced based on the Arogya Karnataka card.
- 3.5 The table below indicates the enrolment status based on the production or not of the Aadhaar card and the FSA card by the person wishing to get enrolled in the scheme. Entitlements to the different categories of beneficiaries “Eligible” and “General” are also detailed.

4. Table -1 UHC Enrollment Scenarios and Entitlements:

| Sl.No. | Scenario | Way Forward / Outcome | Entitlement |
|--------|---|---|--|
| 1 | <ul style="list-style-type: none"> Aadhaar and PDS Card both are produced*; Aadhaar biometric authentication is successful | <ul style="list-style-type: none"> UHC Card is given Status 1 is assigned | Entitlement as per “Eligible” (BPL) or “General” (APL) patient status depending on nature of PDS card. |
| | *Note: If Aadhaar number is informed and biometric authentication succeeds, Status 1 may be assigned. There is no need for physical Aadhaar card in that scenario. | | |
| 2 | <ul style="list-style-type: none"> Aadhaar and PDS Card both are produced; A. Aadhaar biometric authentication fails (2A), or B. Aadhaar biometric authentication is not possible(2B) Aadhaar QR Code is read | <ul style="list-style-type: none"> UHC Card is given Status 2A or 2B is assigned Status is changed to 1, if biometric authentication succeeds during any subsequent visit; Full KYC data is recorded | Entitlement as per “Eligible” (BPL) or “General” (APL) patient status depending on nature of PDS card. |
| 3 | <ul style="list-style-type: none"> Aadhaar and PDS Card both are produced; Aadhaar biometric authentication fails or is not possible Aadhaar OTP authentication is successful | <ul style="list-style-type: none"> ArKid Card is given Status 3 is assigned Status is changed to 1, if biometric authentication succeeds during any subsequent visit; Full KYC data is recorded | Entitlement as per “Eligible” (BPL) or “General” (APL) patient status depending on nature of PDS card. |

| Sl.No. | Scenario | Way Forward / Outcome | Entitlement |
|--------|---|---|--|
| 4 | <ul style="list-style-type: none"> Any of the above three scenarios Plus: <ul style="list-style-type: none"> A. PDS data is somewhat different (name spelling or age or address or sex are different) (4A) B. PDS data is significantly different (entirely different name) (4B) | <ul style="list-style-type: none"> ArKID Card is given, if Aadhaar address shows residence in Karnataka. KYC data from Aadhaar or QR code is recorded. Status 4A or 4B is assigned Status is changed to 1, if revised PDS card is produced during any subsequent visit. | <ul style="list-style-type: none"> Entitlement as per "Eligible" (BPL) or "General" (APL) patient status depending on nature of PDS card. Status 4B: Entitlement "General" (APL) patient status. |
| 5 | <ul style="list-style-type: none"> Aadhaar Card is produced*; No PDS Card Aadhaar biometric authentication is successful (biometric or OTP) | <ul style="list-style-type: none"> ArKID Card is given, if Aadhaar address shows residence in Karnataka. Status 5 is assigned | <ul style="list-style-type: none"> Entitlement "General" (APL) patient status |
| 6 | <ul style="list-style-type: none"> Aadhaar Card is produced; No PDS Card Aadhaar biometric authentication is not successful (biometric or OTP) Aadhaar data is picked from QR code | <ul style="list-style-type: none"> ArKID Card is given, if Aadhaar address shows residence in Karnataka. Status 6 is assigned | <ul style="list-style-type: none"> Entitlement "General" (APL) patient status |
| 7 | <ul style="list-style-type: none"> Aadhaar Card is not produced PDS Card is produced | <ul style="list-style-type: none"> ArKID Card is given based on PDS data Status 7 is assigned | <ul style="list-style-type: none"> Entitlement as per "Eligible" (BPL) or "General" (APL) patient status depending on nature of PDS card. No referral to Private Hospital Referral can be made after Aadhaar enrollment and |

| Sl.No. | Scenario | Way Forward / Outcome | Entitlement |
|--------|--|--|--|
| | | | submission of enrollment acknowledgement number |
| 8 | <ul style="list-style-type: none"> Aadhaar Card is not produced PDS Card is also not produced | <ul style="list-style-type: none"> No card is given | <ul style="list-style-type: none"> No entitlement under UHC scheme To be treated as APL patient as per government hospital norms on payment of user charges No co-payment by Government |
| 9 | <p>Child's Enrollment</p> <ul style="list-style-type: none"> No Aadhaar of child and family PDS Card does not include the child Birth certificate or Thayi Card showing relationship is produced. Mother or Father's enrollment can be taken-up as per scenario 1 to 8. Based on their entitlement, UHC enrollment and card for the child can be arranged. | <ul style="list-style-type: none"> ArKID Card to be decided based on status of parents as per scenario 1 to 8 Corresponding status is assigned | <ul style="list-style-type: none"> Child's entitlement to be decided based on status of parents as per scenario 1 to 8 |
| 10 | <p>Inmates of Swadhar Homes or Govt Old Age Homes</p> <p>A. If it is any of scenario 1 to 4 and 7</p> <p>B. If it is any of scenario 5, 6 and 8</p> <ul style="list-style-type: none"> A certificate from Superintendent of the Home is produced | <p>A. As per scenario 1 to 4 and 7</p> <ul style="list-style-type: none"> Corresponding status is assigned <p>B. ArKID card is given</p> <ul style="list-style-type: none"> SSP RDS number should be recorded Status 10 is assigned | <p>A. Entitlement as per scenario 1 to 4 and 7</p> <p>B. Entitlement as "Eligible" household</p> |

| Sl.No. | Scenario | Way Forward / Outcome | Entitlement |
|--------|--|---|--|
| | or Old Age SSP certificate is produced | | |
| 11 | Emergency cases A. Road accident victims B. Other emergency cases | Enrollment to be done before discharge as per scenario 1 to 8 | A. Entitlement uptoRs. 25000 for stabilization for all B. Entitlement as per scenario 1 to 8 |
| 12 | Revisit • Bring ArKID Card – preferable or • Bring PDS Card or Aadhaar Card | 1. Fetch data from UHC database, and generate OPD slip • Biometric authentication is done in case of in-patient treatment / daycare treatment / referral to private hospital / treatment in private hospital on referral 2. If none is brought and enrollment is sought, treat as scenario 8 | • Entitlement as per original status |

5. Roles and Responsibilities

5.1 Enrollment Staff

The Enrollment Staff at the PHI or Private Empanelled Hospitals is in charge of facilitating the process of enrollment at each facility. Each Enrollment staff member should be well versed in the enrollment procedure and common queries of prospective beneficiaries. The Enrollment Staff must receive the Aadhar and ration card from the prospective beneficiary and capture his or her biometric data on the biometric device to authenticate the Aadhar details. The staff member shall take consent of the patient for enrollment and complete registration in the “Self-Declaration” form. The form shall be scanned and uploaded in the system, which will serve as a record. The staff member will then facilitate the generation of the ArKID card and provide it to the patient at the enrollment counter. On revisit OPD

slip will be generated based on the ArKID Card. For those patients who produce the ArKID card there shall be no insistence on the beneficiary to produce Adhaar card or food card.

5.2 District Hospital Superintendent

The District Hospital Superintendent shall designate Enrollment Staff for PHIs in his jurisdiction to carry out the enrollment process. He will also create user IDs for the enrolment Officers, doctors and others who will need to use the system. The DHS shall be responsible for locating Enrollment counters at convenient, prominent locations preferably near the entrance of the hospital so that the counters are easily accessible to the public. The existing OPD registration counters will be the enrolment counters. Counters should also be in sufficient numbers depending on the patient flow. DHS should ensure there are signages displayed in the hospital to lead the patients to the counters. The DHS should supervise or cause to monitor the day to day enrollment process along with updating the progress and grievances in the portal provided for the purpose.

5.3 SAST

SAST is in charge of overseeing the development and establishment of the online enrollment portal. SAST is in charge of managing the portal and monitoring its operation. SAST will create a User ID and password on the enrollment portal for the Head of Hospital for each PHI and Private Empanelled Hospital. Authentication will be done by Aadhar even for the users of the system. SAST is responsible for ensuring that the Private Empanelled Hospitals are equipped to enroll patients should patients visit in the case of emergency.

5.4 Commissioner, Health and Family Welfare and Director Medical Education

The Commissioner is responsible for ensuring that the PHIs are equipped with the necessary infrastructure, connectivity and manpower to enroll patients upon the roll out of the scheme. The Commissioner will map the UHC readiness of PHIs. The Director of Medical Education will be similarly responsible for the teaching hospitals and Centres of excellence that come under his jurisdiction.

Proceedings of Government of Karnataka**Subject: Universal Health Coverage Scheme, Arogya Karnataka - Administrative Approval and Implementation Guidelines****Read:**

1. Karnataka Integrated Public Health Policy 2017
(http://www.karnataka.gov.in/hfw/kannada/Documents/Karnataka_Integrated_Public_Health_Policy_2017.PDF);
2. Karnataka Vision 2025 Document
(https://navakarnataka2025.in/site/sites/default/files/health%20and%20nutrition_10th%20Jan.pdf);
3. National Health Policy 2017
(<https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf>).

Preamble:

1. The Karnataka Integrated Public Health Policy 2017 read at (1) above envisages attainment of the highest possible level of good health and well-being of all people in the State through a preventive, promotive, curative and rehabilitative healthcare orientation, with universal access to affordable and quality healthcare services to all, and inclusion of health in all developmental policies. The Policy also envisages that all the fragmented social insurance schemes be merged into a single health assurance plan to improve efficiency and outreach. The policy expects the State Government to develop robust and sustainable financing mechanisms by strengthening the public sector and harnessing private services (not-for-profit), to ensure that public services of the highest quality are maintained, keeping the public health interest in mind, whenever needed.

2. The Karnataka Vision 2025 Document read at (2) above envisions achieving Universal Healthcare through an equitable, accessible, affordable, qualitative and well governed health system for the people of Karnataka. The document aims to achieve this vision by strengthening and reforming public healthcare system to enhance its credibility, efficiency and effectiveness, establishing objective, transparent and unobtrusive regulations and regulatory mechanism for the private hospitals, and using technology for sector management from a service delivery perspective.

3. The National Health Policy read at (3) above envisages universal access to quality healthcare services without anyone having to face financial hardship as a consequence. The policy further envisages the following.

- i. Assuring availability of free comprehensive primary healthcare services for all aspects of reproductive, maternal, child and adolescent health and for the treatment of the most prevalent communicable, non-communicable and occupational diseases in the population.
- ii. Ensuring improved access and affordability, of quality secondary and tertiary healthcare services through a combination of public hospitals and well measured strategic purchasing of services in healthcare deficit areas, from private care providers, especially the not-for profit providers.
- iii. Achieving a significant reduction in out of pocket expenditure of healthcare costs thereby reducing the proportion of households experiencing catastrophic health expenditures and consequent impoverishment.

4. The Government of Karnataka provides a range of healthcare services through public health institutions administered by the Health & Family Welfare Department, and hospitals and centers of excellence attached to government medical colleges. These institutions, hospitals and centers (all referred collectively as PHIs hereafter) cater to about 687 lakh patients in a year providing about 3000 types of treatments. These services include hospital-based treatment for 41 lakh in-patients, 2.4 lakh major surgeries, 2.7 lakh minor surgeries and 5.7 lakh child birth deliveries in a year.

5. In addition to the healthcare normally available in the PHIs, the State Government also implements the following health assurance and health insurance schemes, with support from Government of India and in partnership with private hospitals, to provide secondary and tertiary healthcare:

- i. Yeshaswini Scheme providing specified secondary and tertiary surgical treatment for members of cooperative societies and their family members that make annual contribution;
- ii. Vajpayee Arogyashree Scheme providing free specified tertiary healthcare for persons belonging to BPL families;
- iii. Rajiv Arogya Bhagya Scheme providing specified tertiary healthcare for persons above the poverty line on co-payment basis;

- iv. Rashtriya Swasthaya Bima Yojana (RSBY) providing free specified secondary healthcare to BPL persons and persons working in un-organized sectors and their family members, and providing specified tertiary healthcare to senior citizens among those;
- v. Rashtriya Bala Swasthaya Karyakram (RBSK) providing free specified secondary and tertiary healthcare to students up to 18 years of age in government and aided schools and children in anganwadies;
- vi. Mukhyamantri Santwana Harish Scheme providing emergency healthcare to all victims of road accidents;
- vii. Indira Suraksha Yojane providing healthcare to dependent family members of farmers who committed suicide;
- viii. Jyothi Sanjeevini Scheme providing specified tertiary healthcare to government servants and their dependent family members;
- ix. Arogya Bhagya Scheme providing specified secondary and tertiary healthcare to police personnel and their dependent family members;
- x. The Karnataka Legislative (Members, Medical Attendance) Rules 1968, for providing specified secondary and tertiary healthcare to members of Karnataka State Legislature.

6. The above listed schemes cover about 3.25 lakh cases of secondary healthcare and 1.25 lakh cases of tertiary healthcare treatments in a year at a total expenditure of about Rs. 900 Crore per annum. The Yeshaswini scheme gets an annual contribution of about Rs.100 Crore from the members, which is utilized to partly fund the scheme out lay of approx. Rs.400 Crore in a year. The schemes at sl.no. (iv) and (v), namely RSBY and RBSK are partly funded by the Government of India to an extent of 60 percent. The RSBY is implemented, except the component for the senior citizens, in insurance mode. In addition to the healthcare available to government servants under the scheme at sl. no. (vii), they also get reimbursement for their medical care as per Karnataka Government Servants' (Medical Attendance) Rules.

7. The insights and learnings gained in implementing the above listed schemes suggest significant overlap across schemes in terms of scope and coverage, sub-optimal utilization of the PHIs, and variations in the treatment rates in private hospitals. The design of some of those schemes has resulted in by-passing of the public health system in favour of availing healthcare services from private healthcare providers. Such by-passing of the

public health system has contributed inadvertently to the weakening of the system in terms of service delivery and productivity. The goal of universal, equitable and sustainable healthcare can be possible, as noted in the policies and the Vision document read above, only through a credible, efficient and effective public health system, supplemented by a lightly but credibly regulated private health system. The basic premise of provisioning of universal health services is that the available capacities in the public health system are augmented and utilized in full before recourse is made for availing the services from the private providers.

8. Considering the above imperatives, the following order is made to achieve the policy goal of universal, equitable and sustainable healthcare over a period of time.

Government Order No. HFW 91 CGE 2017, Dated 1.3.2018, Bengaluru

Scope

1. Administrative approval is hereby accorded for providing universal health coverage, through a new scheme called “Arogya Karnataka”, to all residents of Karnataka State by way of primary healthcare, normal secondary healthcare, complex secondary healthcare, tertiary healthcare and emergency healthcare as specified in Annexures 1, 2A, 2B, 3 and 4 respectively attached to this order.
2. Universal health coverage as assured in this new scheme shall exclude the following categories of residents as they can avail healthcare through other schemes.
 - i. Residents covered under Employees’ State Insurance Scheme;
 - ii. Residents covered under health assurance or health insurance schemes of their employers;
 - iii. Residents who have taken private health insurance policies on their own;
 - iv. Residents covered under Central Government Health Scheme of the Government of India;
 - v. Employees of Government of Karnataka till the amendment of the Karnataka Government Servants’ (Medical Attendance) Rules;
 - vi. Members of Karnataka Legislature till the amendment of the Karnataka Legislature (Members Medical Attendance) Rules 1968.

Subsuming of existing schemes

3. The following existing schemes shall be subsumed in the Arogya Karnataka scheme.
 - i. Yeshaswini Scheme;
 - ii. Vajpayee Arogyashree Scheme;
 - iii. Rajiv Arogya Bhagya Scheme;
 - iv. Rashtriya Swasthaya Bima Yojana (RSBY) including RSBY for senior citizens;
 - v. Rashtriya Bala Swasthaya Karyakram (RBSK);
 - vi. Mukhyamantri Santwana Harish Scheme.
 - vii. Indira Suraksha Yojane
4. The schemes meant for the members of the Karnataka State Legislature, government employees and police personnel shall be brought under this new scheme after the related medical attendance rules applicable to them are amended.

Enrollment of patients

5. There shall be a one-time enrollment of patients, on an IT portal to be established by Suvarna Arogya Suraksha Trust (referred as SAST hereafter) as part of E-hospital application, as and when they approach any PHI for treatment for the first time. A patient approaching an empanelled private hospital in case of emergency (as per Annexure 4) without a referral from a PHI can be enrolled at the private hospital also on the SAST portal.
6. The enrollment shall be based on Aadhaar and PDS Card, of which, Aadhaar shall be mandatory. On successful enrollment based on Aadhaar authentication, a unique identity number, ARKID, shall be generated and a health card called "Arogya Karnataka Card" shall be provided to the patient at the enrollment counter on payment of fee of Rs. 10 (ten) only.

7. In case of loss of the health card, a duplicate card can be obtained at any PHI on payment Rs. 20 (twenty) only on production of Aadhaar or PDS card and on Aadhaar authentication.
8. For a patient not having Aadhaar, enrollment for Arogya Karnataka scheme can be done based on the PDS card. Such person shall be provided treatment in the PHIs, but will need to get enrolled for Aadhaar before getting any referral to a private hospital.
9. The patients availing healthcare services under the scheme shall be categorized as detailed below:
 - i. Eligible Patient: A patient who is a resident of Karnataka State and belongs to "Eligible Household" as defined under the National Food Security Act, 2013;
 - ii. General Patient: A patient who is a resident of Karnataka State but does not come under the definition of "Eligible Household" as defined under the National Food Security Act, 2013, or does not produce the eligible household card.
10. The basic features of the enrollment process are detailed in Annexure 5.
11. It shall be the responsibility of the PHIs to set up the required number of enrollment counters and outpatient registration counters.
12. Pregnant women and children requiring reproductive and child health services, persons requiring preventive healthcare for non-communicable diseases, and persons requiring curative health care for communicable diseases shall also be enrolled through Health & Wellness Centers in similar manner as detailed at para 5 to 10.

Cost of treatment to be borne by the Government

13. Financial assistance up to Rs. 30,000 per annum will be provided for specified complex secondary healthcare treatment to a family of up to 5 persons. In the event of the family requiring specified tertiary healthcare treatment, this annual limit will be increased to Rs.1.5 lakh per annum. For any family needing specified emergency tertiary healthcare treatment even after full utilization of the annual limit, additional assistance of Rs. 50,000 will be provided. These assistances shall be subject to the approved package rates.

14. The benefit limit for a family under Yeshaswini scheme during the transition period up to 31.5.2018 shall be Rs. 2,00,000 per annum.

Eligible Patient

15. The complex secondary health care treatments, tertiary health care treatments, and emergency healthcare treatments, as specified in Annexures 2B, 3 and 4 respectively, given to eligible patients in the PHIs shall be free subject to limits mentioned at para 13 above. The State Government shall reimburse the cost to the concerned PHI as per the package rates to be prescribed separately for the PHIs.
16. The complex secondary health care or tertiary health care treatments given to an eligible patient by an empanelled private hospital on a referral from a PHI and emergency health care treatment given without referral from a PHI shall be free for the eligible patient. The cost of treatment up to the package rate shall be reimbursed to the concerned empanelled hospital that provides the treatment subject to the prescribed annual limit as per para 13. The empanelled hospital cannot charge more than the approved package rate. In case the family limit is exhausted, the excess amount for the treatment shall be borne by the patient.

General Patient

17. The secondary health care treatment or tertiary healthcare treatment to a general patient shall be on co-payment basis in a PHI or on referral in an empaneled private hospital. The concerned PHI or the empanelled private hospital can charge such patient its publicly-disclosed rates. The reimbursement under the scheme shall be limited to 30 percent of the package rate for that treatment prescribed by the Government or the actual amount charged for the treatment, whichever is lower. The balance 70 percent should be collected from the patient.

Patient without referral

18. In case of a patient, irrespective of his category being eligible or general, getting treatment in an empanelled private hospital without a prior referral from a PHI, except in an emergency (as specified in Annexure 4), reimbursement shall not be provided for such treatment. Such patient shall have to bear the entire cost of the treatment.

User Charges

19. For the primary healthcare treatments and normal secondary healthcare treatments specified in Annexures 1 and 2A respectively, the concerned PHI shall charge their normal user charges. There shall not be any reimbursement to the PHIs or to the patients from the Government for such treatments.
20. For the treatments and diagnostics not covered under the scheme, the PHIs shall also charge their normal user charges.

Referral system

21. A patient requiring a complex secondary healthcare treatment, as listed in Annexure 2B, or a tertiary healthcare treatment, as listed in Annexure 3, shall consult the medical doctor in the nearest taluka or district level PHI first. Based on the outcome of the consultation and evaluation by the medical doctor and the existing medical capability of the concerned PHI, the treatment may be provided in the same PHI or a referral may be provided to a higher-level PHI within the same or neighbouring district.
22. In case of non-availability of the required diagnostic facilities in the PHIs to decide the nature of treatment, a referral may be provided to empanelled diagnostic laboratories for investigations.
23. In case of the required complex secondary healthcare treatment or tertiary healthcare treatment not available in the PHIs, a referral shall be provided for availing the treatment in any of the empanelled private hospitals.
24. The referral protocol for each of the complex secondary healthcare treatments and tertiary healthcare treatments specified in Annexures 2B and 3 respectively shall be prescribed through a separate government order.
25. In case a higher-level PHI in the same district has the medical capability for the required specified complex secondary healthcare treatment or tertiary healthcare treatment of a patient, the referral shall be provided for such higher-level PHI only. Only in case of an emergency (as specified in Annexure 4) the referral can be made by the head of the referring PHI to any of the empanelled private hospitals.
26. The referring PHI shall not refer a patient to any particular empanelled hospital. The referral shall be open for all empanelled private hospitals having the

capability and Arogya Karnataka readiness on the day. The patient on being referred shall have the choice to select any of the empanelled hospital. The patient should carry the Arogya Karnataka Card for acceptance in the hospital for the treatment.

Patient Acquisition

27. A patient needs to be enrolled at a PHI only once. For any follow up visit or any subsequent visit for another ailment to the same or any other PHI, the patient should carry the Arogya Karnataka Card for the out-patient (OPD) registration based on Aadhaar authentication.
28. In case of Arogya Karnataka card being produced for the subsequent visit, there shall not be any requirement of producing Aadhaar card. The OPD registration slip shall be generated based on the Aadhaar authentication facilitated by the IT system based on Arogya Karnataka Id (ARKID) itself.
29. In the absence of the Arogya Karnataka card not being produced during a subsequent visit, the OPD registration can be done by fetching the ARKID from the IT system based on Aadhaar card or PDS Card, and Aadhaar authentication.
30. Once a patient gets referred from a PHI for treatment in an empanelled private hospital, any of such hospitals can accept the patient on successful Aadhaar authentication for providing the treatment. SAST shall provide the required software for the Aadhaar authentication and patient acquisition at the hospital level. Once a hospital accepts the patient, it shall not be open for another hospital to record the patient acquisition.

Implementation agencies

31. Commissioner Health & Family Welfare and Director Medical Education shall be responsible for implementation and management of the scheme in the PHIs administered by them.

Primary Healthcare Services:

32. All primary healthcare services, specified in Annexure 1, shall be provided only in the PHIs. Efforts shall be made to provide these services from PHIs most easily accessible to the residents. The outreach of those services shall be strengthened by visits of para-medical staff and ASHA workers to the homes of the residents, especially in respect of RCH services.

Secondary Healthcare Services

33. All normal secondary healthcare treatments specified in Annexure 2A shall be provided only in the PHIs.
34. All complex secondary healthcare treatments, specified in Annexure 2B shall also be provided in the PHIs subject to medical capability in the PHIs located within the taluka or district of the patient.
35. In case of the PHIs within the district not having the medical capability for the required complex secondary healthcare treatment, listed in Annexure 2B, the patient shall be referred for availing treatment from any of the empanelled private hospitals.

Tertiary Healthcare Services

36. Tertiary healthcare services, as specified in Annexure 3, shall be provided in the PHIs subject to medical capability for the required treatment in the PHIs located within the district of the patient.
37. In case PHIs within the same or neighbouring district do not have the medical capability for the required tertiary healthcare treatment listed in Annexure 3, the patient shall be referred for treatment from any of the empanelled private hospitals.

Mapping of Implementation agencies

38. The mapping of the PHIs for providing primary healthcare services, secondary healthcare treatments, complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments shall be prepared by the Commissioner, Health & Family Welfare for the PHIs administered by Health & Family Welfare Department and with Director, Medical Education for the PHIs administered by Medical Education Department. The "Arogya Karnataka Readiness" of those PHIs shall be placed in the public domain and updated monthly.
39. Similarly, the mapping of the empanelled private hospitals for providing complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments shall be prepared by SAST. The "Arogya Karnataka Readiness" of those hospitals shall be placed in the public domain and updated monthly.

Empanelment of implementation agencies

40. All PHIs shall be empanelled under the scheme compulsorily. However, their "Arogya Karnataka Readiness" shall be assessed as per the norms to be formulated. Their readiness for the specified treatments shall be placed in the public domain.
41. All private hospitals in the State that meet the prescribed norms, as specified in Annexure 6, shall be eligible for getting empanelled with SAST for providing complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments.
42. The hospitals currently empanelled with SAST or Yeshaswini Trust or with RSBY insurance companies shall be given an option to get empanelled for the Arogya Karnataka scheme, subject to meeting the norms prescribed in Annexure 6 within 6 months.
43. The empanelment of private hospitals in the neighbouring states can also be considered in case of inadequate capacity being available in the PHIs and the empanelled hospitals in the border districts.

Package Rates

44. The cost of specified complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments shall be based on package rates, which shall be uniform for all the empanelled private hospitals. However, an additional incentive amount of 2 percent of the package rates shall be provided for hospitals which have got final accreditation from NABH for patient safety and quality of care.
45. The package rates for the empanelled private hospitals shall be fixed and revised periodically as per provisions of the Karnataka Private Medical Establishment Act (KPME Act) based on the recommendations of the expert committees. The norms for determining the package rates shall be prescribed by the Government through a separate order.
46. The package rates for the empanelled private hospitals for the scheme based on rationalized list of treatments are detailed in Annexure 7 to 9. These rates are prescribed based on the existing rates under various schemes subsumed in the new scheme. The first revision to the rates shall be taken up from 1.10.2018.

47. During the transition period for RSBY and Yeshaswini scheme, i.e, up to 31.3.2018 and 30.5.2018 respectively, the package rates already fixed for those schemes shall be applicable.
48. The package rates for the complex secondary healthcare treatments, tertiary healthcare treatments and emergency healthcare treatments specified in Annexures 2B, 3 and 4 respectively for purpose of reimbursing the PHIs their cost over and above the normal block grants provided to them and the procedure for reimbursement shall be prescribed through a separate order.
49. There shall not be any reimbursement to the PHIs for the primary healthcare and normal secondary healthcare treatments specified in Annexures 1 and 2A respectively.

Payment to implementation agencies

50. An empanelled private hospital providing a complex secondary healthcare or tertiary healthcare treatment, specified in Annexure 2B and 3, after the referral and pre-authorization, to an eligible patient shall be paid the package rate as per Annexure 7 and 8 or actual bill amount, whichever is lower, by the SAST. In case of the treatment to a general patient, the payment to the empanelled private hospital shall be limited to 30 percent of the package rate.
51. An empanelled private hospital providing emergency healthcare treatment, specified in Annexure 4 to an eligible patient shall be paid the package rate as per Annexure 9 or actual bill amount, whichever is lower, by the SAST. In case of the treatment to a general patient, the payment to the empanelled private hospital shall be limited to 30 percent of the package rate. The reimbursement for emergency healthcare treatment shall be subject to confirmation of the need and emergency on post-treatment basis.
52. A PHI providing a specified complex secondary healthcare or tertiary healthcare treatment or emergency healthcare treatment to an eligible patient shall be paid the package rate to be prescribed for the PHIs as per para 48 or actual bill amount, whichever is lower. For providing treatment to a general patient, the payment to the PHI shall be limited to 30 percent of the package rate to be prescribed for the PHIs.

Productivity linked incentives for public health institutions

53. A PHI can use up to 10 percent of the reimbursement amount received under the scheme for complex secondary healthcare treatments or tertiary healthcare treatments to provide productivity linked bonus to its medical and para-medical staff. The balance 90 percent of the amount shall be deposited in the Arogya Raksha Fund of the PHI for meeting the expenses of the hospital as per the Fund norms over and above the normal grant-in-aid available from the Government.

Scheme management

54. The Suvarna Arogya Suraksha Trust shall be the agency for providing support to Commissioner Health & Family Welfare and Director Medical Education for implementation and management of the scheme. The responsibilities of the Trust shall include the following activities.
- i. Providing and maintaining IT system for operational management of the Scheme including quality assurance and grievance management;
 - ii. Financial Management of the scheme;
 - iii. Reimbursement from the Government of India for RSBY claims;
 - iv. Empanelment of PHIs and private hospitals;
 - v. Payments to private empanelled hospitals and PHIs;
 - vi. Assistance to Expert Committee constituted under the KPME Act for recommending treatment package rates and their periodic revisions;
 - vii. Formulation of norms for empanellment of private hospitals;
 - viii. Formulation of the referral protocol and establishment of the referral system;
 - ix. Formulation of "Arogya Karnataka Readiness" norms for PHIs and private hospitals;
 - x. Formulation of medical audit protocol;
 - xi. Formulation of claims approval and financial audit protocol;

55. The fixing of treatment package rates and their periodic revisions shall require approval of the Government. Any revision to the list of treatments specified in Annexures 1, 2A, 2B, 3 and 4 shall also require approval of the Government.
56. The activities prescribed at sl. nos. (vii) to (xi) in para 54 shall be carried out by SAST based on specific expert committees to be constituted with the approval of the Government. Their recommendations shall be got approved by the Board of Trustees.
57. The operational responsibility of delivery of health services in the PHIs shall be with the Commissioner, Health & Family Welfare for the PHIs administered by Health & Family Welfare Department and with Director, Medical Education for the PHIs administered by Medical Education Department.
58. During the transition period of Yeshaswini scheme, the Yeshaswini Trust shall be responsible for the operational management of the scheme and payments to the concerned hospitals. The role of the SAST during that period will be in respect of pre-authorization, reimbursement claim approval, and claim audit only.
59. The administrative charges payable to SAST for management of the scheme shall be sanctioned through a separate order.

IT System

60. SAST shall establish the IT systems for patient enrollment, patient referral, patient acquisition, and "Arogya Karnataka Readiness" disclosure.
61. The first-time enrolment of patients shall be done on Arogya Karnataka enrollment software.
62. SAST shall provide secured integration and access to its IT systems for the e-Hospital or any other customized software of the PHIs for patient registration after the one-time enrolment, referral management, Arogya Karnataka readiness information inputs, and submission of reimbursement claims for the complex secondary healthcare treatments and tertiary healthcare treatments specified in Annexures 2A and 3 respectively.
63. SAST shall provide secured access to its IT systems to the empanelled hospitals for patients' acquisition based on referrals from the PHI, pre-authorization requests, claim submissions, and patient enrollment in emergency cases.

64. The PHIs and the empanelled private hospitals shall be required to upgrade their information systems to provide relevant information to the SAST IT system, at least on a daily basis, for disclosure to the public.
65. Commissioner, Health & Family Welfare and Director, Medical Education shall be responsible for establishing the patient registration system and patient referral system in their respective PHIs by arranging suitable customization in the e-Hospital software. The SAST will facilitate preparation of FRS document for the registration and referral systems based on the protocol to be developed, customization of e-Hospital software, and arranging training of the medical and para-medical staff for using the systems.
66. Commissioner, Health & Family Welfare and Director, Medical Education shall also be responsible for establishing biometric attendance systems in their respective PHIs to ensure assured availability of the medical and para-medical staff for delivery of services.
67. Primary & Secondary Education Department will be encouraged to provide a “student health module” in its “Students Achievement Tracking System” for implementation of RBSK in government and aided schools.

Disclosure to the public

68. SAST shall facilitate placing of the following information in the public domain by Commissioner, Health & Family Welfare and Director, Medical Education for orderly implementation of the scheme and for helping patients make informed choices.
 - i. Geographical spread of available PHIs and empanelled private hospitals for specified treatments;
 - ii. Readiness of PHIs and empanelled private hospitals for the specified treatments on daily basis;
 - iii. Number of treatments provided by each PHI and empanelled private hospitals;
 - iv. Package rate lists approved by the State Government;
 - v. Package rate list of each empanelled private hospital for general category patients;

69. The access of the public to the above information shall be facilitated through a suitable mobile App, public website, SMS based query system, and interactive voice-based query system and Call Center.

Funding for the scheme

70. The scheme shall be funded primarily from the budget provision available under HOA 2210-80-001-0-01. The scheme description shall be modified as "Arogya Karnataka".
71. For the transition period during 2017-18 and 2018-19, the expenditure for the Yeshaswini scheme patients shall be met from the budget provision available under HOA 2425-00-108-0-57. The provision shall be brought under the Demand for the Health & Family Welfare in the budget for 2018-19.
72. The expenditure for RSBY patients shall be met from the budget provision available under HOA 2210-80-800-0-27 to facilitate separate maintenance of accounts for claiming reimbursement from the Government of India.
73. The expenditure on RBSK patients shall be met from the outlay approved for the National Health Mission programme.

Transition modalities for Vajpayee Arogyashree Scheme

74. For period up to 30.5.2018 a resident needing tertiary healthcare treatment can avail the treatment from any of the Arogya Karnataka or Vajpayee Arogyashree empanelled private hospitals without a referral from a PHI. However, such patient will need to get enrolled either at a PHI, if the facility is available in the same district, or provide Aadhaar and PDS card number at the empanelled private hospital as part of the pre-authorization activity.
75. From 1.6.2018, the referral to the empanelled private hospitals even for tertiary healthcare treatment shall be necessary, except for emergency cases, shall be through the PHIs alone as prescribed in paras 21 to 26 above.

Transition modalities for RSBY

76. The RSBY scheme shall continue to be implemented under the insurance mode as per the scheme guidelines prescribed by the Government of India. However, efforts shall be made to persuade the Government of India to allow the implementation under the assurance mode through the SAST from 1.4.2018.

77. While following the insurance mode, the following refinements shall be brought in the implementation modalities of RSBY with effect from 1.4.2018.
- The list of 1516 treatments envisaged originally shall be rationalized and aligned with the list of treatments and their codes under the Clinical Establishments (Registration and Regulation) Act 2010.
 - The treatments detailed in Annexures 1 and 2A, shall be reserved exclusively for the PHIs. For the services provided through PHIs, SAST shall claim reimbursement from the insurance companies.
 - The referral to the private hospitals for other treatments, except emergency cases, shall be through the PHIs as prescribed in para 21 to 26 above.
 - The treatment of senior citizens enrolled under RSBY shall be under the assurance mode as already allowed by the Government of India. SAST shall send the related reimbursement claims to the Government of India every quarter.
 - SAST shall establish a back-end mapping of "Arogya Karnataka" unique identity number with RSBY card identity number based on Aadhaar or PDS Card number to facilitate compilation of reimbursement claims and monitoring of healthcare for persons working in the un-organized sectors.

Transition modalities for Yeshaswini scheme

78. The Yeshaswini scheme shall be continued in its present form till the end of the current cooperative year, i.e., up to 31.5.2018, for which contributions from the members have been collected already.
79. The treatments for the pre-authorizations given up to 31.5.2018 can be availed up to 30.6.2018.
80. There shall not be any contribution from the cooperative society members from the next cooperative year.

Timeline for implementation

81. The scheme shall be implemented first in 10 major hospitals administered by the Health & Family Welfare Department and Medical Education Department within 15.3.2018 as listed in Annexure 10A.
82. Thereafter, it shall be rolled out in other 33 major and district level hospitals within 30.6.2018 as listed in Annexure 10B.
83. The roll out of the scheme to taluka level hospitals, CHC and PHCs shall be completed by 30.9.2018, 31.10.2018 and 31.12.2018 respectively.

This order is issued with approval of the competent authority and concurrence of Finance Department vide its endorsement numbers FD 1009 Exp 5 / 2017 dated 3.10.2017, FD 1054 Exp 5 / 2017 dated 31.10.2017 and FD 130 Exp 5 / 2018 dated 12.2.2018.

By Order and in the name of the Governor of Karnataka

PADMA V.

Under Secretary to Government (I/C)
Health & Family Welfare Department.

Annexure 6

G.O. No. HFW 91 CGE 2017 Dated 1.3.2018

Arogya Karnataka - Empanelment Criteria for Private Hospitals

1. Introduction

In order to acquire patients under the "Arogya Karnataka" scheme by Private hospitals they should be empanelled with Suvarna Arogya Suraksha Trust. Applications for empanelment should be submitted online in the portal of SAST www.sast.gov.in. The following points are considered while the application forms are processed for eligibility to be empanelled.

- a. Hospital /Health care Provider empanellment request
 - b. Health Care Organisation registration details
 - c. Accreditation and Statuary regulations (AERB, KPME, Pollution Control Board, NABH and other statutory requirements)
 - d. Tax and PAN card details
 - e. General Infrastructure (Hospital Bed Strength/General Ward Beds/No. of Beds (Male)/ No. of Beds (Female)
 - f. Hospital infrastructure Operation theatre, emergency facilities, CSSD facility, etc.
 - g. Diagnostic facilities.
 - h. Specialist details with all the necessary documents.
- After receipt of the online request of the hospital, the Empanelment and Disciplinary committee members or their nominated persons will visit and inspect the hospital. During inspection, they will verify the original certificates/documents, equipment, manpower and infrastructure and also review the performance of the hospital.
 - After receiving the inspection report from the Inspection Committee, the decision to empanel the hospital will be considered.
 - The intimation of empanelment will be sent to the hospital and after receiving the acceptance MoU will be executed
 - After execution of the MoU and remittance of the prescribed fee, the hospital will be provided an user ID and password for the process of preauthorization, claims, and further processing.
 - For the process of inclusion of additional super specialists in the empanelled list the hospital has to submit the online request by selecting the upgradation option and uploading doctor's Medical Council registration certificates, degree certificates, appointment letter and consent letter.
 - For the process of inclusion of additional speciality, the hospital has to submit online application in the same reference ID along with the list of equipment, additional infrastructure, doctor's Medical Council registration certificates, degree certificates, appointment letter and consent letter.

2. Empanelment and Disciplinary Committee

An Empanelment and disciplinary committee will be constituted by the Government of Karnataka for the process of empanelment and De-empanelment of hospitals under the

“Arogya Karnataka” scheme. The Committee will be vested with powers to conduct inspections of the hospitals registering for empanelment under the Arogya Karnataka scheme, and also to review the empanelment status of hospitals with reference to the MoU signed and recommend disciplinary action including levying of penalty and De-empanellment of the hospital.

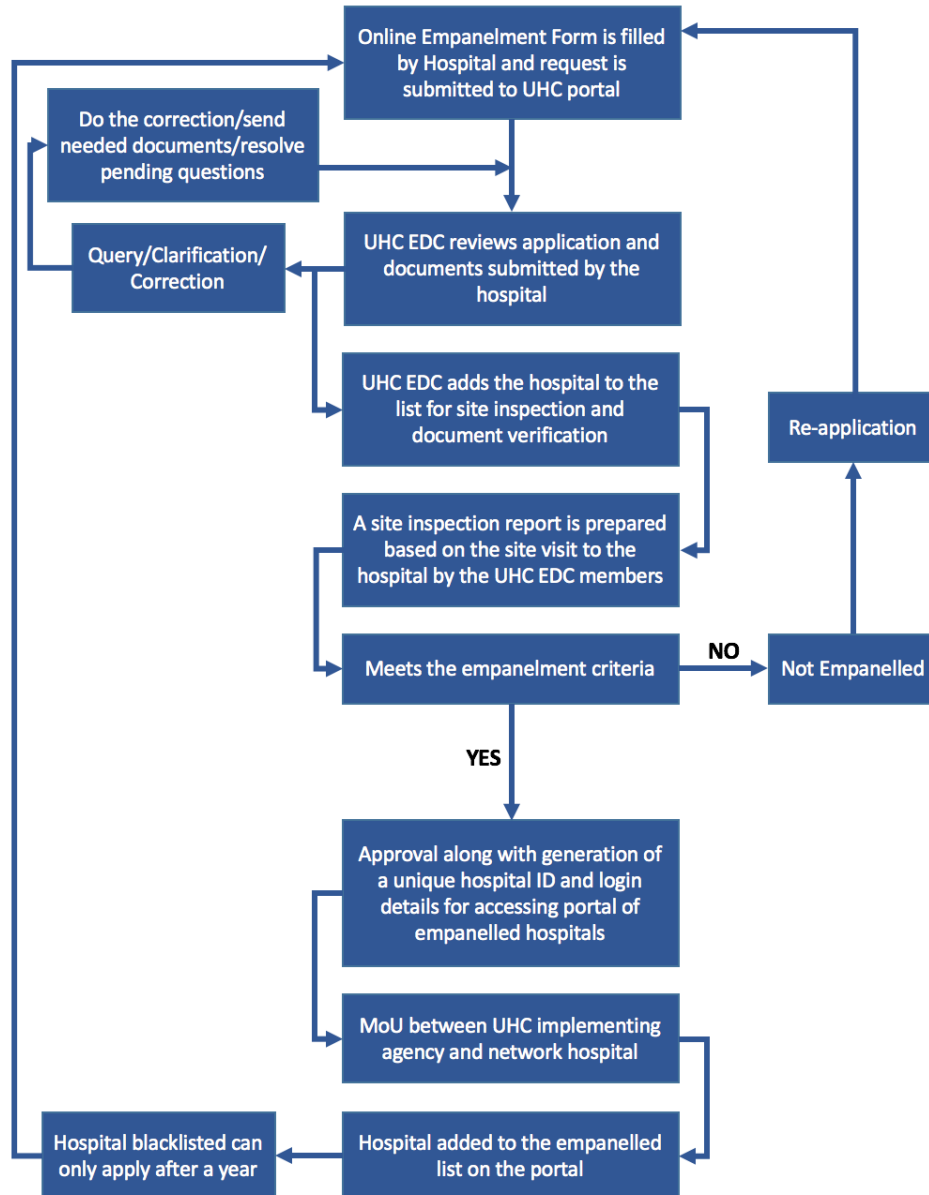
3. Appellate Authority

The Principal Secretary, Department of Health and Family Welfare will be the Appellate authority for any grievance against the actions taken by the Empanelment and Disciplinary Committee.

4. Process Flow:

The process flow for hospital empanelment is depicted in the figure below:

Fig 1: Process Flow for Hospital Empanelment



5. Empanelment Criteria for Hospitals

Table 1: Basic empanelment Criteria for Hospitals

| | Complex Secondary care | Tertiary care |
|--------------------------------|---|---|
| Number of beds | 30 beds or more | 50 beds or more ¹ |
| Separate male and female wards | YES | YES |
| Emergency services | YES | YES |
| Pharmacy | In house | In – house – 24X7 |
| Diagnostic labs | In house or tie up | In – house – 24X7 |
| Blood bank access | In house or tie up | In – house – 24X7 |
| Radiology | In house | In – house – 24X7/For higher Radiology Tie –Up |
| Sonology | In house or tie up (In house preferred) | In – house – 24X7 |
| Operation theatres | If conducting surgeries (As per standard OT guidelines for secondary care. | Yes (As per standard super-specialty OT guidelines for tertiary care. |
| ICU | If conducting surgeries (Level II ICU) | Yes (Level III ICU with Dialysis port) |
| Step down ICU | Optional | YES |
| Post op wards | (Optional)Level II ICU | YES |
| MBBS doctors 24x7 | 24*7round the clock duty doctors at emergency and ICU | Intensivist support with 24*7 duty doctors for emergency and ICU |
| Specialists | Depending on the specialty request for empanelment | Depending on the specialty request for empanelment |
| Anesthetist | In house preferred | In house – 24 x7 |
| Nurses | Nurses as per bed patient ratio prescribed by INC at ICU, OT, emergency and HDU | Nurses as per bed patient ratio prescribed by INC at ICU, OT, emergency and HDU |
| Para-medical staff | ICU technicians and OT technicians to be provided | In house as per Standard treatment guidelines |
| Equipment | Depending on the specialization applied for; (requires DG set for uninterrupted power supply) | Depending on the specialization applied for; (requires DG set for uninterrupted power supply) |

5.1. Detailed Empanelment Criteria for All Hospitals

- The detailed mandatory licenses requirement and accreditation criteria is presented in

¹ For single specialty tertiary hospitals, only 30 beds are required.

Table-2.

Table 2: Certification and Accreditation Criteria

| Criteria | Secondary/ Complex Secondary | Tertiary |
|---------------------------|---|--|
| Mandatory Licenses | Pollution Control Board licenses. KPME registration AERB licenses DG set Lift license Electrical safety and other relevant statutory certificates | Pollution Control Board licenses. KPME registration AERB licenses DG set Lift license Electrical safety and other relevant statutory certificates |
| Accreditation | Requirement NABH entry level (as minimum requirement.) | Requirement -NABH entry level (as minimum requirement) -Will consider other international quality standards accredited by ISQua(eg. JCI), which is equivalent to corresponding NABH accreditation (Full level). |

- Must have a KPME registration (for private hospitals). Any hospital applying for renewal of KPME registration has to furnish renewal application No. and registration such hospitals may be empanelled pending the receipt of renewal certificate
- Must have a Pollution control board certificate, drug and pharmaceutical licence and electrical safety licence. Hospital should have a bio-medical waste management system
- Should have inpatient services and emergency / casualty services.
- Should have NABH entry level accreditation certification or should have applied for it.
- If the hospital does not have complete required facility for empanellment and such of the facilities which are not mandated for in house facility, hospital can co-opt with other hospitals/diagnostic centre for fulfilling the requirement of empanelment. MoU should be executed with the hospital/diagnostic facility and the document need to be uploaded and intimated in the concerned column in the registration application
- Particulars of the specialist and duty doctors working in intended hospitals for empanelment need to be furnished. The required speciality certificates duly registered and endorsed by the Medical Council is to be furnished.
- Qualified nursing staff as per the INC guidelines for various facilities mentioned in the empanelment registration are to be provided and should confirmed to the rules laid down by State Govt. / Clinical Establishment Authority as applicable from time to time.
- An executive should be designated for facilitating the patients visiting the hospital, facilitating the beneficiaries, also to apprise them of the scheme and the benefits that they can avail, coordinate with the SAST for pre-authorisation, claim settlement and follow up.
- The medical coordinator will be an identified doctor in the hospital who will facilitate submission of online pre-authorization and claims requests, follow up for meeting any deficiencies and coordinating necessary and appropriate treatment in the hospital.

5.2. Detailed Empanelment Criteria for Hospitals providing Secondary Care

- Should be providing at least one or more of the following specialities
 - Medical: General Medicine, Paediatrics, Dermatology, Psychiatry, Endocrinology,
 - Surgical: General Surgery, Orthopaedics, ENT, Ophthalmology, Obstetrics and Gynaecology, Gastrointestinal Surgery, Hysteroscopic procedures.
 - Dental
- Should have at least 10 beds for admissions
- Should have inpatient and emergency services.
- Should have in-house/tie-up laboratory, Radiology, Pharmacy, Blood bank and ambulance services.
- Should have nursing staff as per the INC guidelines for all facilities including OT and/or Labour room.
- If surgical services are provided, an anaesthetist should also be available (either in-house or on call).
- Those hospitals providing surgical services should have standard Operation Theatre setup with required equipments.
- Laboratory and Radiological investigations are mandatory (in-house/tie up) If registered for empanelment of obstetric services, the hospital should have labour room Operation Theatre setup with required equipments, qualified obstetrician, paediatrician and an anaesthetist services should be available at the hospital
- The hospital registered for empanelment should have the necessary equipment like (but not limited to) Autoclave, Suction apparatus, defibrillator, Resuscitation kit, Nebuliser, CSSD services etc., as per the speciality for which registered
- Those hospitals that provide other specialities like ENT or Dentistry should have the necessary equipment specific to that speciality, e.g. an operating microscope or a dental chair.
- Other than the equipment, the hospital should store emergency medicines like Inj. Adrenaline, Inj. Atropine, oxygen supply, etc.
- Should have a medical record system documentation system, e.g. an inpatient register, a death register, Medico legal register, individual case files for admitted patients.

5.3. Detailed Empanelment Criteria for Hospitals providing Complex Secondary Care

- Should be providing at least one or more of the following specialities
- Medical: General Medicine, Paediatrics, Dermatology, Psychiatry, Endocrinology,
- Surgical: General Surgery, Orthopaedics, ENT, Ophthalmology, Obstetrics and Gynaecology, Gastrointestinal Surgery, Neurosurgery, Urology, Burns, Hysteroscopic procedures.
- Dental
- Should have at least 30 beds for admissions
- Should have inpatient and emergency services.
- Should have in-house for laboratory, radiological, Pharmacy, Blood Bank/Blood Storage Unit and ambulance services.
- Should have nursing staff as per the INC guidelines for all facilities including OT and/or Labour room, Post-Operative Ward, etc.
- Hospitals registering for empanelment of speciality services should have the services of at least one specialist in the respective speciality

- The hospital empanelled for providing surgical services should have the services of in house anaesthetist, services of surgeon in the concerned speciality, standard OT set up with required equipments.
- If registered for empanelment of obstetric services, the hospital should have labour room Operation Theatre setup with required equipments, qualified obstetrician, paediatrician and an anaesthetist services should be available at the hospital
- The hospital registered for empanelment should have the necessary equipment like (but not limited to) Autoclave, defibrillator, Suction apparatus, Resuscitation kit, Nebuliser, CSSD services etc., as per the speciality for which registered
- Hospitals that provide other specialities like ENT or Dentistry should have the necessary equipment specific to that speciality, e.g. an operating microscope or a dental chair.
- Other than the equipment, the hospital should store emergency medicines like Inj. Adrenaline, Inj. Atropine, oxygen supply, etc.
- Should have a medical record system documentation system, e.g. an inpatient register, a death register, Medico legal register, individual case files for admitted patients.

5.4. Detailed Empanelment Criteria for Hospitals providing tertiary care

- Should have at least one or more of the following specialities
 - **Medical specialities:** Cardiology, Medical Oncology,
 - **Surgical specialities:** Cardiology, Cardiothoracic surgery, cardiovascular surgery Neurosurgery, Burns, Paediatric and Neonatal surgery, Polytrauma, Genito-urinary surgery, Surgical Oncology, Medical Oncology.
 - Radiation Oncology
- Should have at least 50 beds for admissions. Can be relaxed to 30 beds for single speciality hospitals.
- Should have at least one super speciality OT, one ICU Level III one Step Down ICU and one post op ward.
- Should be general wards as well as separate male and female wards.
- Should have in-house laboratory, radiological, Pharmacy, Blood bank and ambulance services that are available round the clock.
- Nurses are required as per bed- patient ratio prescribed by INC at ICU, OT, emergency and HDU.
- Should have Intensivist and round the clock ICU Doctors.
- Should have at least one in-house specialist round the clock for each specialised service that it provides
- If surgical services are provided, an anaesthetist should also be available round the clock.
- The hospital should have the necessary equipment depending on the specialty.
- Hospitals providing surgical services should have an OT with anaesthesia work station, central oxygen, multi para monitor, infusion pump, defibrillator, OT Lamps, Cardiac monitors and diathermy.
- The ICU should be in close proximity of operation theatre, acute care medical and surgical wards units. Suction, oxygen supply and compressed air should be provided for each bed. Others facilities like piped gases, multi-monitoring equipment, infusion of ionotropic support, equipment for maintenance of body temperature, at least one

dialysis portal, weighing scale etc., ICU should also be equipped with all the equipment and manpower as per HDU norms, plus paediatric ventilator(s) for 24*7 monitoring

- Legal requirements as applicable by the local/state health authority.
- Registration with the Income Tax Department.
- NEFT enabled bank account
- Safe drinking water facilities.
- Uninterrupted (24 hour) supply of electricity and generator facility with required capacity suitable to the bed strength of the hospital.
- Waste management support services (General and Bio Medical) – in compliance with the bio-medical waste management act.
- Appropriate fire-safety measures.

5.5. Specific criteria for Cardiology/ CVTS

- CTVS theatre facility (Open Heart Tray, Gas pipelines Lung Machine with TCM, defibrillator, ABG Machine, ACT Machine, Hypothermia machine, IABP, cautery etc.)
- Post-op with ventilator support.
- ICU Facility with cardiac monitoring and ventilator support
- Hospital should facilitate round the clock cardiologist services.
- Availability of support specialty of General Physician & Paediatrician.
- Fully equipped Catheterization Laboratory Unit with qualified and trained Paramedics.

5.6. Specific criteria for Cancer Care

- For empanelment of Cancer treatment, the facility should have a tumour board which decides a comprehensive plan towards multi-modal treatment of the patient. In case of such board not being there, appropriate linkage mechanisms need to be established to the nearest regional cancer centre (RCC). Tumour board should consist of a qualified team of Surgical, Radiation and Medical Oncologist in order to ensure the most appropriate treatment for the patient.
- Relapse/recurrence may sometimes occur during/ after treatment. Retreatment is often possible which may be undertaken after evaluation by a Medical/ Paediatric/Oncologist/ Tumour board with prior approval and pre-authorization of treatment.
- For extending the treatment of chemotherapy and radiotherapy the hospital should have the requisite infrastructure for radiotherapy treatment viz. for cobalt therapy, linear accelerator radiation treatment and brachytherapy available in-house. In case such facilities are not available in the empanelled hospital for radiotherapy treatment and even for chemotherapy, the hospital shall not perform the approved surgical procedure alone, but refer the patients to other centres for follow-up treatments requiring chemotherapy and radiotherapy treatments. This should be indicated where appropriate in the treatment approval plan.
- Further hospitals can have infrastructure capable for providing certain specialized radiation treatment packages such as stereotactic radiosurgery/ therapy.
 - Treatment machines which are capable of delivering SRS/SRT
 - Associated Treatment planning system
 - Associated Dosimetry systems

5.7. Specific criteria for Neurosurgery

- Well Equipped Theatre with qualified paramedical staff, C-Arm, Microscope, neurosurgery compatible OT table with head holding frame (horse shoe, may field / sugita or equivalent frame).
- Neuro ICU facility
- Post-op with ventilator support
- Facilitation for round the clock MRI, CT and other support biochemical investigations.

5.8. Specific criteria for Burns, Plastic & Reconstructive surgery

- The Hospital should have full time / on - call services of qualified plastic surgeon and support staff with requisite infrastructure for corrective surgeries for post burn contractures.
- Isolation wards having monitor, defibrillator, central oxygen line and all OT equipment.
- Well Equipped Theatre
- Surgical Intensive Care Unit.
- Post-op with ventilator support
- Trained Paramedics
- Post-op rehab/ Physiotherapy support/ Psychology support.

5.9. Specific criteria for Neonatal/Paediatric Surgery

- The Hospital should have full time/on call services of paediatric surgeons / plastic surgeons / urologist/paediatric orthopaedic surgeon related to congenital malformation in the paediatric age group.
- Well-equipped theatre
- Paediatric and Neonatal ICU support
- NICU should be divided into 2 portions, one for clean babies and other for septic babies.
- NICU should be Equipped with Ventilators, Phototherapy Units, Transport incubators, Nebulizer, Pulse oxymeter, Multipara monitors, Syringe pumps, Infusion pumps, Resuscitation trolley.
- Support services of paediatrician (should be in-charge of NICU).
- Availability of mother rooms and feeding area.
- Availability of radiological/ fluoroscopy services (including IITV), Laboratory services and Blood bank.

5.10. Specific criteria for Polytrauma

- Shall have Emergency room setup with round the clock dedicated duty doctors.
- Shall have the full-time service availability of Orthopaedic Surgeon, General Surgeon, and anaesthetist services.
- Shall provide round the clock services of Neurosurgeon, Orthopaedic Surgeon, CT Surgeon, General Surgeon, Vascular Surgeon and other support specialists as and when required based on the need.
- Shall have dedicated round the clock Emergency theatre with C-Arm facility, Surgical ICU, Post-OP Setup with qualified staff.
- Shall be able to provide necessary diagnostic support round the clock including specialized investigations such as CT, MRI, emergency biochemical investigations.
- For conducting joint replacement surgery clean air super speciality OT with SG.

5.11. Specific criteria for Nephrology and Urology Surgery

- Shall have a Dialysis unit
- Shall have a well-equipped operation theatre with C-ARM
- Shall have Endoscopy investigation support
- Shall have Post op ICU care with ventilator support and dialysis portal in ICU
- Shall have Lithotripsy equipment

6. Empanelment of Diagnostic centers

Parameters and guidelines fixed for recognition of private clinical laboratories for the investigations of beneficiaries and their families.

6.1. General

- The clinical laboratories should have minimum 1000 sq. feet area
- Should have 24 hours Emergency Services
- Should have sufficient water supply and back-up power supply in case of electricity failure
- should have at least two toilets, one for ladies and one for gents
- The laboratory should be owned /managed by a PG Diploma/Degree in pathology or Bacteriology or there should be a full employed pathologist or bacteriologist with PG Diploma / Degree qualification.
- Should employ qualified lab-technicians.
- Should have two beds ready in case of emergency while conducting lab. Procedures with all emergency drugs and oxygen.
- Should have auto analyser and refrigerator.
- The lab reports are to be validated as per the Standard Guidelines
- Mandatory licenses as applicable

6.2. Pathology section

- Should have all facilities for routine examinations of urine, stools and blood examinations, etc.,
- Should have all facilities for immunological test like HIV, A.S.L.O titre etc.,
- The laboratory should possess all requirement and facilities for Histo-pathological examination of tissue, fluids, including facilities for frozen section and wax section.

6.3. Bio chemical section

- The laboratory should possess all required equipments for conducting all bio chemical examinations.

6.4. Microbiology Examination:

- Laboratory should possess all facilities for Bacteriological Examination of slides.
- It should have facilities for culture and sensitivity test.

6.5. Diagnostic Facility (Radiology)

Diagnostic facility CT,Ultra sound and MRI

6.6. Empanelment Fee

Empanelment fee will be fixed by the committee for the purpose from time to time.

7. Doctor Empanelment

The process of doctor empanelment will take place concurrently with the process of hospital empanelment. Doctors serving in Karnataka Hospitals must meet the following doctor empanelment criteria as mentioned in Table 3.

Table 3. Doctor Qualifications Criteria

| Criteria | Secondary/Secondary Complex | Tertiary |
|---|--|---|
| Minimum Qualification | MBBS with PG to be endorsed by medical council <ul style="list-style-type: none"> Degree or a diploma | <ul style="list-style-type: none"> Super specialty qualification in respective specialty endorsed by Medical Council |
| Documents to be submitted for empanelment | <ul style="list-style-type: none"> Degree certificate Qualification registered in KMC or equivalent Medical Councils. Appointment letter and consent letter from the hospitals. Form 16/ 16A of in house consultant. | <ul style="list-style-type: none"> Degree Certificates Qualification registered in KMC or equivalent Medical Councils Appointment letter and consent letter from the hospitals Form 16/ 16A of in house consultant. |

8. De-Empanelment Procedure

Hospitals empanelled under the UHC Scheme “Arogya Karnataka” can be de-empanelled if they fail to meet and uphold the necessary criteria agreed upon. De-empanelment will be on the recommendations of the Empanelment and Disciplinary Committee formed for the purpose. The following steps are to be followed for de-empanelment of hospitals.

8.1. “Watch-List” Status

Based on the claims data analysis or hospital visits by the Vigilance Officer of SAST or any authorized inspection authority, or any complaint received about the hospital from the patient or any third party interested person or any complaint received /reported in the grievance cell the EDC or its representative can put that hospital in the watch list and serve a show cause notice for the observed deviations. The data of such hospital shall be analyzed very closely on a daily basis by SAST or its representatives for patterns, trends and anomalies.

8.2. Suspension

A hospital can be temporarily suspended in the following cases:

- For the hospitals which are in the “Watch-List” if continuous patterns or strong evidence of irregularity based on either claims data or field visit of hospitals is observed, the hospital shall be suspended from providing services to UHC scheme patients and a formal investigation shall be instituted.
- If a hospital is not in the “Watch-list”, but it is observed at any stage that it has data/ evidence that suggests that the hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract under UHC scheme, or their representatives/ involved in financial fraud related to UHC Scheme patients, it may immediately suspend the hospital from providing services under UHC scheme and a formal investigation shall be instituted.

- c) All admitted patients under the “Arogya Karnataka” scheme will be provided continued treatment and no fresh admission can be done by the Hospital.
- d) To ensure that suspension of the hospital results in their not being able to treat UHC patients, a provision has been made in the software so that Hospital cannot send electronic claims data to UHC scheme portal.
- e) A formal letter shall be sent to the hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

8.3. Detailed investigation

There shall be a detailed investigation into the activities of a hospital in the following conditions:

- a) For the Hospitals which have been suspended.
- b) Receipt of complaint of a serious nature from any of the stakeholders.
- c) The detailed investigation may include field visits to the hospitals, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.
- d) If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, suspension will be immediately revoked (in case it is suspended) the same will be informed to the concerned Hospital, district hospital and the process to receive claim from the hospital will be restarted.

8.4. Operative Action

If the investigation reveals that the complaint/allegation against the hospital is correct then following procedure shall be followed:

8.5. Deviations from MoU are classified as follows

1. Medical Deviation (Example)

- Denial of admission /treatment.
- Service unavailability
- Non delivery of commitment

2. Financial Deviation (Example)

- Co-payment
- Not giving conveyance charges/post discharge medicines /ambulance in case of death
- Outside prescription or investigations.
- Cancellation of approvals and converting scheme patients to cash

3. Denial of services (Examples)

- Follow up care denial.
- Denial of treatment of post-operative complications.
- Excessive delays

4. Other deviations (Example)

- Discrimination of the scheme patient in allotting dates for procedures or standard of care
- Injustice concerns (such as Overage, caste, sex, religion etc.,)
- Staff misbehaviour

8.6. Procedure to be followed in case of reporting of deviation by a hospital (Fig. 2)

- a) The Hospital will be issued a notice seeking an explanation for the deviation.
- b) After receipt of the explanation and its examination, the case would be placed in the empanelment and disciplinary committee meeting for further action. The charges may be dropped or action can be taken based on the explanation and findings for which the committee is empowered to institute a fact-finding enquiry against the hospital.
- c) The action could entail one of the following based on the seriousness of the issue and other factors involved:
 - i) A warning to the concerned Hospital and financial penalty as prescribed from time to time.
 - ii) De- empanelment of the Hospital.

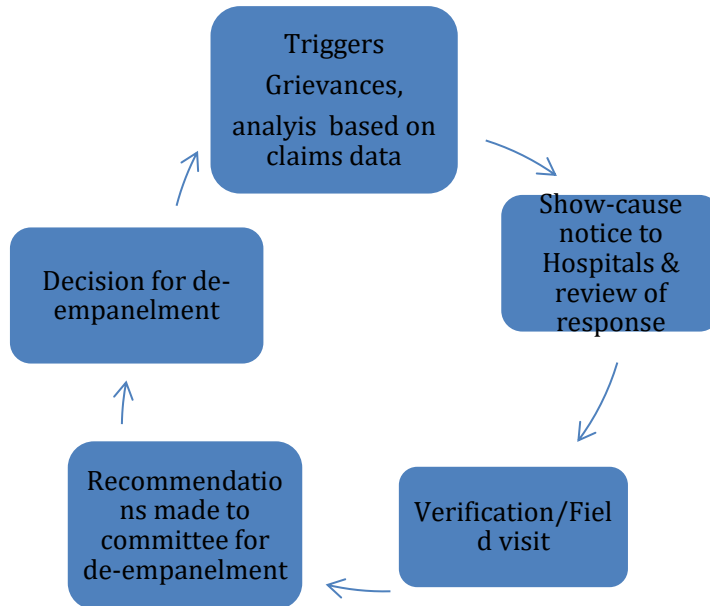
8.7. Post De-empanelment Phase

Once de-empanelled, the Hospital cannot seek for re-empanelment until completion of 1 year from the date of such de-empanelment.

8.7. Appellate Authority

The hospital can approach the Principal Secretary, Department of Health and Family Welfare, if they are not agreeable with the decision of the EDC. The Principal Secretary, Department of Health and Family Welfare, will take a final view of the receipt of representation. However, the hospital will continue to be de-empanelled until the time a final view is taken by the Principal Secretary.

Fig 2: Process flow of the review by EDC



*Note that the entire process should be completed within 30 days from the data of suspension.

** Penalties will be fixed by the Empanelment & Disciplinary Committee which shall be issued from time to time.

| Annexure 7 | | | | |
|---|---|-----------------------------|----------|--------------------------|
| Government Order No. HFW 91 CGE 2017 | | | | |
| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| DENTAL | | | | |
| 1 | Sequestrectomy | 2B.1 | 2435 | 9750 |
| 2 | Drainage of parotid abscess | 2B.2 | 2982 | 7000 |
| 3 | Fixation of fracture of jaw including implants | 2B.3 | 2321 | 10000 |
| 4 | Tumour excision | 2B.4 | 2436 | 7500 |
| 5 | Excision of mandible | 2B.5 | 61 | 12000 |
| 6 | Repair of parotid duct | 2B.6 | 39 | 15000 |
| 7 | Condylectomy | 2B.7 | NA | 1500 |
| 8 | Fistula closure | 2B.8 | 2313 | 350 |
| 9 | Treatment of malocclusion through wiring | 2B.9 | 2447 | 8000 |
| 10 | Pediatric caries (Full mouth) | 2B.10 | NA | 5000 |
| OBSTETRICS AND GYNAECOLOGY | | | | |
| 11 | Management of puerperal sepsis | 2B.11 | NA | 5500 |
| 12 | Caesarean Hysterectomy With Bladder Repair | 2B.12 | 706 | 12400 |
| 13 | Threatened rupture Uterus With Tubectomy | 2B.13 | 737 | 11250 |
| 14 | Lap. Salphingo-oophorectomy | 2B.14 | 688 | 10000 |
| 15 | Lap. Assisted Vaginal Hysterectomy (LAVH) | 2B.15 | 710 | 11500 |
| 16 | Lap. Total Abdominal Hysterectomy | 2B.16 | 711 | 11500 |
| 17 | Vaginal Hysterectomy With Pelvic Floor Repair (Cystocele, Rectocele & Perineorrhaphy) | 2B.17 | 709 | 15000 |
| 18 | Laparoscopic Ovarian Cystectomy | 2B.18 | 685 | 8000 |
| 19 | Laparoscopic Ectopic Resection | 2B.19 | 804 | 12600 |
| 20 | Laparoscopic Myomectomy | 2B.20 | 717 | 12000 |
| 21 | Laparoscopic Sling Operations | 2B.21 | 712 | 13900 |
| 22 | Vesico vaginal Fistula/recto vaginal fistula- Repair | 2B.22 | 775 | 14000 |
| 23 | Tuboplasty | 2B.23 | 741 | 9500 |
| 24 | Vulvectomy | 2B.24 | 770 | 9000 |
| 25 | Shirodhkar Mc. Donalds stitch | 2B.25 | 824 | 2800 |
| 26 | Gestational [pregnancy-induced] hypertension with significant proteinuria | 2B.26 | 2601 | 750/Day |
| 27 | Low Forceps/Vacuum delivery | 2B.27 | 791, 790 | 5500 |
| ORTHOPAEDICS | | | | |
| 28 | Chest injuries with intercostal drainage (ICD) unilateral | 2B.28 | 16 17 | 8000 |
| 29 | Amputation-Forearm | 2B.29 | 911 | 18000 |
| 30 | Amputation-Wrist Axillary Node Dissection | 2B.30 | 912 | 12000 |

| Annexure 7 | | | | |
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| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| 31 | Amputation-Arm | 2B.31 | 930 | 18000 |
| 32 | Amputation-Thigh | 2B.32 | 929 | 20000 |
| 33 | Maysers muscle pedicle graft for Non-union fracture neck femur (orthroplasty) | 2B.33 | 1027 | 20000 |
| 34 | Facio-Maxillary Injury repairs & fixations | 2B.34 | 2401 | 15000 |
| 35 | Decompression and Stabilization with Steffiplate | 2B.35 | 1015 | 20000 |
| 36 | Harrington Instrumentation | 2B.36 | 1066 | 15000 |
| 37 | Leg Lengthening | 2B.37 | 1044 | 15000 |
| 38 | Nerve Transplant/Release | 2B.38 | 955 | 13500 |
| 39 | Simple frame -Single bone- femur,tibia,humerus,radius including six schanz pins,1 rod and 6 clamps implant | 2B.39 | 1061 | 21000 |
| 40 | Pelvis/transarticular including implants Procedure | 2B.40 | 2385 | 18400 |
| 41 | Soft Tissue Reconstruction Procedures For Joints | 2B.41 | 980 | 7200 |
| 42 | Anterior instrumentations + Cage fixations including implants procedure | 2B.42 | 1006 | 30000 |
| 43 | Anterolateral Clearance For Tuberculosis | 2B.43 | 1001 | 18000 |
| 44 | Cervical Rib Excision | 2B.44 | 64 | 14300 |
| 45 | Long bone (two) external/internal fixation | 2B.45 | 1032,1029,86 2,863,864,107 3, 1061, 1051 | 30000 |
| 46 | Pelvic injuries external/Internal fixation | 2B.46 | 2385 | 20000 |
| 47 | Arthroscopic Anterior cruciate ligament (ACL) Reconstruction | 2B.47 | 971 | 19000 |
| 48 | Posterior cruciate ligament (PCL) Reconstruction | 2B.48 | 972 | 17700 |
| 49 | Discectomy-Dorso Lumbar | 2B.49 | 1902 | 25480 |
| 50 | Discectomy-Lumbar | 2B.50 | 1902 | 24800 |
| 51 | Lumbar Laminectomy (no discectomy) | 2B.51 | 1857 | 18000 |
| 52 | Closed fracture reduction under anaesthesia for first and additional fracture | 2B.52 | 858, 859 | 4000 |
| 53 | Simple/compound fracture with internal/external fixation along with implants | 2B.53 | 1051 | 21000 |
| 54 | Blunt injury abdomen | 2B.54 | NA | 10000 |

| Annexure 7 | | | | |
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| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| SURGICAL GASTRO ENTEROLOGY | | | | |
| 55 | Surgery for GI Bleeding Ulcers | 2B.55 | 1152 | 20000 |
| 56 | Lap. Adhesiolysis | 2B.56 | 1257 | 13000 |
| 57 | Resection & Anastomosis Of Small Intestine | 2B.57 | 113 | 18000 |
| 58 | Operations For Recurrent Intestinal Obstruction (Noble Plication Other) | 2B.58 | 112 | 15000 |
| 59 | Upper GI Therapeutic(including Varicose Intervention) | 2B.59 | 2844 | 2000 |
| 60 | Endoscopic Retrograde Cholangio Pancreatography (Endoscopic Retrograde Cholangio Pancreatography (ERCP) with Interventions | 2B.60 | 1224 | 4000 |
| OPHTHALMOLOGY | | | | |
| 61 | Plane / Anterior Vitrectomy | 2B.61 | 491 | 4900 |
| 62 | Vitrectomy - Membrane Peeling - Endolaser - Silicon oil or Gas - with or without belt buckling | 2B.62 | 492 | 12000 |
| 63 | Vitrectomy - Membrane Peeling- Endolaser | 2B.63 | 493 | 12500 |
| 64 | Vitrectomy Plus Silicon Oil Or Gas | 2B.64 | 494 | 12500 |
| 65 | Removal Of Silicon Oil Or Gas | 2B.65 | 495 | 3500 |
| 66 | Scleral buckle procedure for retinal detachment | 2B.66 | 497 | 10000 |
| 67 | Intraocular foreign body removal with vitrectomy | 2B.67 | 528 | 7700 |
| 68 | Socket Reconstruction | 2B.68 | 507 | 5500 |
| 69 | Dermis Fat Graft | 2B.69 | 508 | 4900 |
| 70 | Orbitotomy | 2B.70 | 509 | 6600 |
| 71 | Decompression/Excision of optic nerve lesions | 2B.71 | 511, 1893 | 13500 |
| 72 | Proptosis,orbitotomy | 2B.72 | 1889, 509 | 8000 |
| 73 | Paediatric Ophthalmic treatment--- Photocoagulation For Retinopathy Of Prematurity upto 3 sittings (complete package) | 2B.73 | 499 | 8500 |
| 74 | Photocoagulation for Retinopathy for 3 sittings- Complete package | 2B.74 | 498 | 2000 |
| 75 | Laser treatment for Retinopathy one sitting | 2B.75 | 498 | 1320 |
| 76 | Pan retinal photocoagulation (PRP)/ FOCAL / GRID / YAG /Laser per eye for one sitting | 2B.76 | 498 | 1000 |

| Annexure 7 | | | | |
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| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| 77 | PRP / FOCAL / GRID / YAG / Laser per eye for three sitting | 2B.77 | 498 | 3000 |
| 78 | PRP / FOCAL / GRID / YAG / Laser for both eyes one sitting | 2B.78 | 498 | 3000 |
| 79 | PRP / FOCAL / GRID / YAG / Laser for both eyes three sitting | 2B.79 | 498 | 9000 |
| 80 | Radial Keratotomy | 2B.80 | 533 | 4500 |
| 81 | Cauterisation of ulcer/subconjunctival injection - both eye | 2B.81 | 538 | 300 |
| 82 | Cauterisation of ulcer/subconjunctival injection - One eye | 2B.82 | 539 | 200 |
| 83 | Anterior Chamber Reconstruction +Cataract – Unilateral | 2B.83 | 519, 503 | 8750 |
| 84 | Trabeculectomy + Vitrectomy | 2B.84 | 624, 491 | 8400 |
| 85 | Anterior Chamber Reconstruction +Perforating Corneo - Scleral Injury | 2B.85 | 519, 488 | 9200 |
| 86 | Therapeutic Penetrating Keratoplasty | 2B.86 | 484 | 3300 |
| 87 | Lamellar Keratoplasty | 2B.87 | 560 | 3300 |
| 88 | Corneal Patch Graft | 2B.88 | 485 | 5000 |
| 89 | Scleral Patch Graft | 2B.89 | NA | 8000 |
| 90 | Double Z-Plasty | 2B.90 | 486 | 4000 |
| 91 | Cataract surgery with anterior vitrectomy with Intraocular Lens (IOL) | 2B.91 | 503, 491 | 3500 |
| 92 | Enucleation (Incl. of implant) | 2B.92 | 609 | 8000 |
| 93 | Rectus Muscle Surgery (Single) | 2B.93 | 513 | 5500 |
| 94 | Rectus Muscle Surgery (Two/Three) | 2B.94 | 515 | 11000 |
| 95 | Oblique Muscle | 2B.95 | 514 | 11000 |
| 96 | Lid Reconstruction Surgery | 2B.96 | 516 | 4500 |
| 97 | Ptosis | 2B.97 | 600 | 1100 |
| 98 | Trabeculectomy (Glaucoma surgery) | 2B.98 | 624 | 3300 |
| 99 | DCR (Dacryocystorhinostomy) Endoscopic/Laser | 2B.99 | 566 | 7500 |
| 100 | Paediatric Cataract Surgery (Phacoemulsification-Iol Under General Anaesthesia) | 2B.100 | 505 | 10400 |
| 101 | Glaucoma Filtering Surgery For Paediatric Glaucoma | 2B.101 | 506 | 8500 |
| 102 | Scleral fixation Intraocular Lens (IOL) with cataract surgery | 2B.102 | 654 | 8000 |

| Annexure 7 | | | | |
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| Government Order No. HFW 91 CGE 2017 | | | | |
| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| 103 | Pupilloplasty with cataract surgery with Intraocular Lens (IOL) | 2B.103 | 680 | 6000 |
| 104 | Iridodialis repair | 2B.104 | 657 | 6000 |
| 105 | Iridodialis repair with Intraocular Lens (IOL) | 2B.105 | 657, 680 | 9000 |
| 106 | Repair of globe rupture | 2B.106 | NA | 10000 |
| 107 | Iridectomy | 2B.107 | 535 | 8500 |
| 108 | Pterygium + Conjunctival Autograft +Glaucoma surgery (trabeculectomy) | 2B.108 | 525, 624 | 7150 |
| 109 | Abscess Drainage of Lid +Cryoretinopexy - Closed | 2B.109 | 517 | 5250 |
| UROLOGY | | | | |
| 110 | Operation for Double Ureter | 2B.110 | 1730 | 15750 |
| 111 | Pyelolithotomy | 2B.111 | 1572 | 13500 |
| 112 | Excision of Urethral Caruncle | 2B.112 | 834 | 5000 |
| 113 | Urachal Cyst | 2B.113 | 1629 | 4000 |
| 114 | Acute tubulo-interstitial nephritis | 2B.114 | 2609 | 750/Day |
| ENT | | | | |
| 115 | Styloidectomy - Both side | 2B.115 | 458 | 7500 |
| 116 | Styloidectomy - One side | 2B.116 | 459 | 7500 |
| 117 | Tonsillectomy + Styloidectomy | 2B.117 | 460 | 12500 |
| 118 | Rhinoposporosis | 2B.118 | 455 | 7000 |
| 119 | Septo-rhinoplasty | 2B.119 | 456 | 6600 |
| 120 | Laryngofissure | 2B.120 | 399 | 3500 |
| 121 | Parotidectomy - Conservative | 2B.121 | 40, 41, 42, 1987 | 7000 |
| 122 | Excision of Pinna for Growths (Squamous/Basal) Injuries - Total Amputation & Excision of External Auditory Meatus and Reconstruction | 2B.122 | 385, 387, 388 | 8500 |
| 123 | Oro Antral fistula | 2B.123 | 414 | 10000 |
| 124 | Commando Operation (glossectomy) | 2B.124 | 47, 49, 48, 1985, 1986 | 14000 |
| 125 | Cortical Mastoidectomy | 2B.125 | 362, 363 | 6250 |
| 126 | Radical / Modified Radical Mastoidectomy | 2B.126 | 363 | 8700 |
| 127 | Myringoplasty | 2B.127 | 367 | 5000 |
| 128 | Ossiculoplasty | 2B.128 | 373 | 7500 |
| 129 | Myringotomy - Bilateral | 2B.129 | 369 | 2500 |
| 130 | Myringotomy - Unilateral | 2B.130 | 370 | 1900 |
| 131 | Myringotomy with Grommet - One ear | 2B.131 | 371 | 3100 |

| Annexure 7 | | | | |
|--|---|--------------------------------------|--|----------------------------------|
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| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| 132 | Myringotomy with Grommet - Both ear | 2B.132 | 372 | 3750 |
| 133 | Stapedectomy | 2B.133 | 378 | 8000 |
| 134 | Functional Endoscopic Sinus Surgery (FESS) Unilateral | 2B.134 | 437, 464 | 9200 |
| 135 | Functional Endoscopic Sinus Surgery (FESS) Bilateral | 2B.135 | 437, 464 | 12000 |
| 136 | Excision Of Benign Tumour Nose | 2B.136 | 320 | 6250 |
| 137 | Microlaryngeal Surgery | 2B.137 | 397 | 11000 |
| 138 | Phono Surgery For Vocal Cord Paralysis | 2B.138 | 398 | 18750 |
| 139 | Uvulo-Palato-Pharyngoplasty. | 2B.139 | 405 | 11000 |
| 140 | Partial amputation and reconstruction of Pinna | 2B.140 | 374 | 3000 |
| 141 | Tympanoplasty+ Ossiculoplasty | 2B.141 | 376, 373 | 8000 |
| 142 | Ant. Ethmoidal artery ligation | 2B.142 | 434 | 12360 |
| 143 | Antrostomy – Bilateral | 2B.143 | 429 | 6500 |
| 144 | Antrostomy – Unilateral | 2B.144 | 430 | 4500 |
| 145 | Caldwell - luc – Bilateral | 2B.145 | 431 | 8000 |
| 146 | Caldwell - luc- Unilateral | 2B.146 | 432 | 4600 |
| 147 | Cryosurgery(Nose) | 2B.147 | 435 | 7200 |
| 148 | Septoplasty + Functional endoscopic sinus surgery (FESS) / polypectomy | 2B.148 | 437 | 10500 |
| 149 | Ethmoidectomy - External | 2B.149 | 439, 450 | 9200 |
| 150 | Fracture - setting maxilla | 2B.150 | 2281,2282, 2283, 2284, 2285, 2286, 2287 | 8750 |
| 151 | Pharyngeal diverticulum's – Excision | 2B.151 | 413 | 12000 |
| 152 | Excision of Cystic Hygroma | 2B.152 | 73, 74, 75 | 6000 |
| 153 | Microlaryngoscopic Surgery | 2B.153 | 397 | 12500 |
| 154 | Laryngectomy & Pharyngeal Diverticulum (Throat) | 2B.154 | 413 | 10000 |
| 155 | Laryngectomy with Block Dissection (Throat) | 2B.155 | 68 | 12000 |
| GENERAL SURGERY | | | | |
| 156 | Drainage of Subdiaphragmatic Abscess | 2B.156 | 287 | 8000 |
| 157 | Duplication of Intestine | 2B.157 | 125 | 17000 |
| 158 | Mesenteric Caval Anastomosis | 2B.158 | 310 | 10000 |
| 159 | Endoscopic mucosal resection | 2B.159 | 1201 | 1550 |
| 160 | Duodenal stricture dilation | 2B.160 | 1212 | 990 |
| 161 | Colonic stenting | 2B.161 | 1220 | 2500 |

| Annexure 7 | | | | |
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| Government Order No. HFW 91 CGE 2017 | | | | |
| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| 162 | Endoscopic sphincterotomy | 2B.162 | 1226 | 2400 |
| 163 | Common bile duct (CBD) stricture dilatation | 2B.163 | 1228 | 5850 |
| 164 | Biliary stenting (plastic and metallic) | 2B.164 | 1229 | 4800 |
| 165 | Endoscopic cysto gastrostomy | 2B.165 | 1235 | 8050 |
| 166 | Balloon dilatation of papilla | 2B.166 | 1236 | 6200 |
| 167 | Parotid Duct Repair | 2B.167 | 39 | 7500 |
| 168 | Parathyroidectomy | 2B.168 | 34 | 13500 |
| 169 | Lap. Hiatus Hernia Repair Abdominal | 2B.169 | 214 | 20000 |
| 170 | Rare Hernias (Spigalion,Obuturator,Sciatic) | 2B.170 | 215 | 15000 |
| 171 | Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision | 2B.171 | 274 | 20000 |
| 172 | Distal Pancrcatectomy with Pancreatico Jejunostomy | 2B.172 | 1192, 1194 | 17000 |
| 173 | Diverticulectomy | 2B.173 | 1491 | 15000 |
| 174 | Lap. Hydatid of liver surgery | 2B.174 | 174 | 18000 |
| 175 | Laposcopic Adrenalectomy | 2B.175 | 38 | 30000 |
| 176 | Laposcopic Appendicectomy | 2B.176 | 194 | 10000 |
| 177 | Laposcopic Colostomy | 2B.177 | NA | 17000 |
| 178 | Laposcopic cystogastrostomy | 2B.178 | 183 | 15000 |
| 179 | Laposcopic donor Nephrectomy | 2B.179 | 1577 | 30000 |
| 180 | Laposcopic Gastrostomy | 2B.180 | 90 | 10500 |
| 181 | Laposcopic Pyelolithotomy | 2B.181 | 1573 | 15000 |
| 182 | Laposcopic Pyloromyotomy | 2B.182 | 89 | 12500 |
| 183 | Laposcopic Spleenectomy | 2B.183 | 1142 | 12000 |
| 184 | Laposcopic Thyroidectomy | 2B.184 | 27 | 12000 |
| 185 | Laposcopic umbilical hernia repair | 2B.185 | 208 | 12000 |
| 186 | Laposcopic ureterolithotomy | 2B.186 | 1758 | 14000 |
| 187 | Lapotomy-peritonitis lavage and drainage | 2B.187 | 827 | 7000 |
| 188 | Ligation of Ankle Perforators | 2B.188 | 333 | 10500 |
| 189 | Lymphatics Excision of Subcutaneous Tissues In Lymphoedema | 2B.189 | 2241 | 8000 |
| 190 | Coccygeal Teratoma Excision | 2B.190 | 1566 | 15300 |
| 191 | Drainage of perinephric abscess | 2B.191 | 1652 | 7500 |
| 192 | Thorax (penetrating wounds) | 2B.192 | 1412 | 10000 |
| 193 | Trendelenburg Operation | 2B.193 | 332 | 10500 |
| 194 | Fibroadenoma Breast - Multiple | 2B.194 | 293, 294 | 6500 |
| 195 | Lap. Rectopexy | 2B.195 | 150 | 18000 |
| 196 | Hemimandibulectomy | 2B.196 | 60 | 11000 |
| 197 | Segmental Mandible Excision | 2B.197 | 61 | 15000 |

| Annexure 7 | | | | |
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| Government Order No. HFW 91 CGE 2017 | | | | |
| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| 198 | Lap. Ventral And Scar Hernia (Non incl. Mesh) | 2B.198 | 209 | 18000 |
| 199 | Lap. Inguinal Hernia Repair (Non incl. Mesh)- Unilateral | 2B.199 | 220, 1523 | 15000 |
| 200 | Appendicular Perforation | 2B.200 | 195 | 12000 |
| 201 | Duodenal / Gastric Perforation | 2B.201 | 92, 93 | 20000 |
| 202 | Resection & Anastomosis Of Small Intestine(includes ileostomy) | 2B.202 | 113 | 11250 |
| 203 | Colectomy(Right,Left,SubTotal) includes colostomy | 2B.203 | 130 | 17000 |
| 204 | Lap.Cholecystectomy | 2B.204 | 177 | 12000 |
| 205 | Cholecystectomy & Exploration Cbd | 2B.205 | 178 | 13500 |
| 206 | Ileostomy | 2B.206 | 1165, 1166 | 17500 |
| 207 | Colostomy Closure | 2B.207 | 132 | 12500 |
| 208 | Bleeding Ulcer - Gastrectomy | 2B.208 | 88 | 20000 |
| 209 | Drainage Pericardial Effusion | 2B.209 | 2733, 2723 | 11000 |
| 210 | Duodenal Diverticulum | 2B.210 | 94 | 15000 |
| 211 | Excision Benign Tumor -Small intestine | 2B.211 | 117 | 15000 |
| 212 | Excision Mammary Fistula | 2B.212 | 233 | 5500 |
| 213 | Excision Meckel's Diverticulum | 2B.213 | 118 | 15000 |
| 214 | Excision Small Intestinal Fistulla | 2B.214 | 116 | 12000 |
| 215 | Gastro jejuno Colic Fistula | 2B.215 | 96 | 12500 |
| 216 | Gastrotomy | 2B.216 | 90 | 15000 |
| 217 | Ilieo Sigmoidostomy | 2B.217 | 138 | 13000 |
| 218 | Intestinal Perforation (Resection Anastomosis) | 2B.218 | 110 | 30000 |
| 219 | Anorectoplasty | 2B.219 | 152 | 14000 |
| 220 | Oesophagus Portal Hypertension | 2B.220 | 108 | 18000 |
| 221 | Pelvic Abscess - Open Drainage | 2B.221 | 288 | 8000 |
| 222 | Repair of Common Bile Duct | 2B.222 | na | 12500 |
| 223 | Abbe Operation | 2B.223 | 51 | 7500 |
| 224 | Lap. For intestinal obstruction | 2B.224 | 121 | 25000 |
| 225 | Lap. Hepatic resection | 2B.225 | 1187 | 30000 |
| 226 | Drainage of perivertebral abscess | 2B.226 | 2982 | 7000 |
| 227 | Splenorenal Anastomosis | 2B.227 | 190 | 20000 |
| 228 | Thorachostomy | 2B.228 | 2381 | 10500 |
| 229 | Thoracoplasty | 2B.229 | 2106 | 30000 |
| 230 | Cleft lip and palate | 2B.230 | 2289, 2290, 1461, 1463 | 10000 |

| Annexure 7 | | | | |
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| Government Order No. HFW 91 CGE 2017 | | | | |
| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| 231 | Simple mastectomy | 2B.231 | 66 | 9000 |
| 232 | Branchial Fistula/Sinus | 2B.232 | 57, 58 | 13000 |
| 233 | Caecopexy | 2B.233 | 140 | 13000 |
| 234 | Cavernostomy | 2B.234 | 1764 | 13000 |
| 235 | Colocystoplasty | 2B.235 | 133 | 15000 |
| 236 | Drainage of Peripheral Gastric Abscess | 2B.236 | 285 | 8000 |
| 237 | Duodenal Jejunostomy | 2B.237 | 107 | 15000 |
| 238 | Excision of Small Growth from Tongue | 2B.238 | 55 | 1500 |
| 239 | Excision of Swelling in Right Cervial Region | 2B.239 | 65 | 4000 |
| 240 | Facial Decompression | 2B.240 | 360 | 15000 |
| 241 | Gastrojejunostomy | 2B.241 | 86 | 15000 |
| 242 | Graham's Operation | 2B.242 | 303 | 12500 |
| 243 | Hydatid Cyst of Liver | 2B.243 | 170 | 10000 |
| 244 | Mesenteric Cyst - Excision | 2B.244 | 309 | 9000 |
| 245 | Oeshophagoscopy for foreign body removal | 2B.245 | 311 | 6000 |
| 246 | Thyroplasty | 2B.246 | 33 | 11000 |
| 247 | Vasco Vasostomy | 2B.247 | 256 | 11000 |
| 248 | Warren's Shunt | 2B.248 | 191 | 15000 |
| 249 | Thymectomy | 2B.249 | 1411 | 23000 |
| 250 | Resection Enucleation of Adenoma | 2B.250 | 1755 | 7500 |
| 251 | Rib Resection & Drainage | 2B.251 | 1406 | 7500 |
| 252 | Tissue Reconstruction Flap Leprosy | 2B.252 | 2362 | 22000 |
| 253 | Tendon Transfer-Leprosy | 2B.253 | 2961 | 22000 |
| 254 | Bronchial Cyst | 2B.254 | 31 | 5000 |
| 255 | Cystic Mass - Excision | 2B.255 | 280 | 4000 |
| 256 | Splenectomy | 2B.256 | 193 | 23000 |
| 257 | Removal of Foreign Body from Trachea | 2B.257 | 1204 | 2500 |
| 258 | Thoracocentesis | 2B.258 | 1407 | 1200 |
| 259 | Urthral Dilatation | 2B.259 | 2961 | 500 |
| 260 | Varicose veins - injection | 2B.260 | 13 | 500 |
| 261 | cleft lip | 2B.261 | 1461, 2251 | 2500 |
| 262 | Lung abscess /Empema | 2B.262 | 2773 | 750/Day |
| 263 | Pneumothorax | 2B.263 | 2774, | 750/Day |
| 264 | Porto Caval Anastomosis | 2B.264 | 171 | 50000 |
| 265 | Acute Pneumonia-/ consolidation Bacterial | 2B.265 | 2594, 2596, 2598, 2599, 2783 | 750/Day |
| 266 | Gestational [pregnancy-induced] hypertension without significant proteinuria | 2B.266 | 2600 | 750/Day |

| Annexure 7 | | | | |
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| Government Order No. HFW 91 CGE 2017 | | | | |
| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| 267 | Interstitial lung diseases | 2B.267 | 2772 | 750/Day |
| 268 | Lower respiratory tract infection (LRTI) management | 2B.268 | 2783 | 750/Day |
| 269 | Endocarditis | 2B.269 | 2612, 2682, 2724 | 750/day |
| 270 | Conservative management ICU stay with ventilator | 2B.270 | 2562 | 3500 |
| 271 | Epiduro-fluroscopy Adhesiolysis (3 days stay) | 2B.271 | 818 | 750/Day |
| 272 | Upper GI bleeding (endoscopic treatment) | 2B.272 | 1153 | 750/Day |
| 273 | Medical Management of Steroid Resistant Nephrotic Syndrome Complicated Or Resistant in Paediatric patients | 2B.273 | 2643 | 750/day |
| 274 | Torticollis release | 2B.274 | 1561 | 12500 |
| 275 | Tennis elbow release | 2B.275 | NA | 6000 |
| 276 | Medical Management of Acute Broncho Lobar pneumonia With Empyema/ Pleural Effusion in Paediatric patients | 2B.276 | 2637 | 750/day |
| 277 | Medical Management of Acute Broncho Lobar pneumonia With Pyo Pneumothorax in Paediatric patient | 2B.277 | 2638 | 750/day |
| 278 | Medical Management of Auto immune hemolytic anemia in Paediatric patient | 2B.278 | 2702 | 750/day |
| 279 | Medical Management of Congenital Heart Disease With Congestive Cardiac Failure in Paediatric patients | 2B.279 | 2670 | 750/day |
| 280 | Medical Management of Diphtheria in Paediatric patient | 2B.280 | 2699 | 750/day |
| 281 | Medical Management of Enteric Fever Complicated in Paediatric patient | 2B.281 | 2625 | 750/day |
| 282 | Medical Management of Guillian-Barre Syndrome | 2B.282 | 2679 | 750/day |
| 283 | Medical Management of Neuro Tuberculosis in Paediatric patient | 2B.283 | 2626 | 750/day |
| 284 | Medical Management of Stroke Syndrome in Paediatric patient | 2B.284 | 2633 | 750/day |
| 285 | Medical Management of Urinary Tract Infection With Complications Like Pyelonephritis And Renal Failure in Paediatric patient | 2B.285 | 2646 | 750/day |

| Annexure 7 | | | | |
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| Government Order No. HFW 91 CGE 2017 | | | | |
| Package Rate List for Complex Secondary Healthcare Treatments | | | | |
| S. No | Annexure 2B Procedures | Arogya Karnataka Code | CEA Code | Package Rate (in Rs.) |
| 286 | Medical Management of Viral Myocarditis in Paediatric patient | 2B.286 | 2635 | 750/day |
| 287 | Neonatal Cholestasis | 2B.287 | 1513 | 750/day |
| 288 | Severe Pancreatitis | 2B.288 | 2893 | 750/day |
| 289 | Control of diabetic ketoacidosis | 2B.289 | 2629 | 15000 |
| 290 | Neonatal jaundice management due to other excessive haemolysis | 2B.290 | 2610 | 750/Day |
| 291 | Neonatal jaundice management from other and unspecified causes | 2B.291 | 2611 | 750/Day |
| 292 | Medical Management of Acquired Heart Disease With Congestive Cardiac Failure | 2B.292 | 2688 | 1500/day |
| 293 | Small Area grafting (upto 10% of body area) Medium Area grafting (upto 10% to 20%) | 2B.293 | 2350 | 30000 |
| 294 | Large Area grafting (greater than 10% > 20% of body area) | 2B.294 | 2350 | 30000 |
| 295 | Post Burn Contracture surgeries for Functional Improvement (Package including splints, pressure garments and physiotherapy)- Mild | 2B.295 | 2370 | 20000 |
| 296 | Post Burn Contracture surgeries for Functional Improvement involving only skin (Package including splints,pressure garment and physiotherapy)- Moderate | 2B.296 | 2370 | 30000 |
| 297 | Muscle Biopsy with report | 2B.297 | 343 | 10000 |
| 298 | Diagnostic Laproscopy | 2B.298 | NA | 4000 |
| 299 | Three phase whole body Bone Scan | 2B.299 | NA | 3100 |
| 300 | Sclerotherapy of oesophageal varices | 2B.300 | NA | 2500 |
| 301 | Pyloric balloon dilatation | 2B.301 | NA | 2400 |
| 302 | Mechanical lithotripsy of CBD stones | 2B.302 | NA | 8000 |
| 303 | Cystoscopy with Retrograde Catheter -Unilateral | 2B.303 | NA | 2600 |
| 304 | Cystoscopy with Retrograde Catheter - Bilateral | 2B.304 | NA | 3300 |
| 305 | Cystoscopy Diagnostic | 2B.305 | NA | 1600 |
| 306 | Cystoscopy with Bladder Biopsy | 2B.306 | NA | 2000 |
| 307 | USG guided intervention - nephrostomy | 2B.307 | NA | 800 |
| 308 | Endoscopic Retrograde Cholangio Pancreatography (ERCP) (Endoscopic Retrograde Cholangio – Pancreatography) | 2B.308 | NA | 2250 |

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Package Rate List for Tertiary Healthcare Treatments

| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|----------------------------|---|--------------------------|------------------------------------|--------|
| BURNS | | | | |
| 1 | Post Burn Contracture surgeries for functional improvement involving soft tissue and bone(Package including splints, pressure garments and phsiotherapy) - Severe* | 3A.1 | 2370 | 70000 |
| POST BURNS FOLLOWUP | | | | |
| BF1 | Post Burns Follow up - 1 | 3A.BF1 | NA | 800 |
| BF2 | Post Burns Follow up - 2 | 3A.BF2 | NA | 800 |
| BF3 | Post Burns Follow up - 3 | 3A.BF3 | NA | 800 |
| CARDIOLOGY | | | | |
| 2 | PTCA - one stent (non-medicated, elective) * | 3A.2 | 1287 | 48000 |
| 3 | PTCA - 2 stent (non-medicated) * | 3A.3 | 1288 | 55000 |
| 4 | PTCA - one stent (Drug Eluting Stent , elective) * | 3A.4 | 1287 | 60000 |
| 5 | PTCA - Two stent (Drug Eluting Stents , elective) * | 3A.5 | 1288 | 85000 |
| 6 | Balloon Mitral Valvotomy * | 3A.6 | 1262 | 30000 |
| 7 | Balloon Pulmonary Valvotomy | 3A.7 | 1263 | 25000 |
| 8 | Balloon Aortic Valvotomy* | 3A.8 | 1258 | 25000 |
| 9 | Coarctation dilatation* | 3A.9 | 1425 | 25000 |
| 10 | Peripheral Angioplasty with stent (non-medicated) * | 3A.10 | 1367 | 60000 |
| 11 | Renal Angioplasty with stent (non-medicated) * | 3A.11 | 1365 | 55000 |
| 12 | Both sided renal Angioplasty with stent (non-medicated) * | 3A.12 | 1365 | 80000 |
| 13 | Vertebral Angioplasty (non-medicated) * | 3A.13 | 1315 | 55000 |
| 14 | Permanent pacemaker implantation (only VVI single chamber) including Pacemaker value/pulse generator replacement | 3A.14 | 1310 | 75000 |
| 15 | Permanent pacemaker implantation (DDR, dual chamber) including Pacemaker value/pulse generator replacement | 3A.15 | 1309 | 120000 |
| 16 | Pulse Generator replacement | 3A.16 | NA | 50000 |
| 17 | Septostomy | 3A.17 | 1271, 1418 | 20000 |
| 18 | PDA Device Closure * | 3A.18 | 1280 | 80000 |
| 19 | ASD Device Closure * | 3A.19 | 1272, 1275 | 88000 |
| 20 | Ventricular Septal Defect Device Closure * | 3A.20 | 1279, 1280, 1281, 1282, 1283 | 88000 |
| 21 | PDA Coil (one) insertion | 3A.21 | 1281 | 25000 |
| 22 | PDA Multiple coil insertion | 3A.22 | 1282 | 30000 |

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Package Rate List for Tertiary Healthcare Treatments

| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|--------------------------------|---|--------------------------|----------|--------|
| 23 | Intravascular ultrasound (IVUS)/Fractional Flow Reserve (FFR) | 3A.23 | 1442 | 20000 |
| 24 | Electrophysiological Study (EP study) | 3A.24 | 1427 | 10000 |
| 25 | Radiofrequency Ablation (RF Ablation) | 3A.25 | 1863 | 25000 |
| 26 | 3D Mapping + Ablation | 3A.26 | NA | 50000 |
| 27 | Rotablation+ PTCA (non-medicated Stent)* | 3A.27 | 1421 | 63000 |
| 28 | Rotablation+ PTCA (One Drug Eluting Stent)* | 3A.28 | 1421 | 80000 |
| 29 | Rotablation+ Balloon Angioplasty | 3A.29 | 1421 | 45000 |
| 30 | Peripheral Angioplasty with balloon * | 3A.30 | 1366 | 40000 |
| 31 | Renal Angioplasty with stent (Drug Eluting) * | 3A.31 | 1365 | 65000 |
| 32 | Venous stenting* | 3A.32 | NA | 50000 |
| 33 | PDA stenting* | 3A.33 | 1279 | 50000 |
| 34 | Coarctoplasty with stenting* | 3A.34 | 1323 | 75000 |
| 35 | Right ventricular outflow tract (RVOT) stenting | 3A.35 | NA | 50000 |
| 36 | Pulmonary artery stenting | 3A.36 | NA | 50000 |
| 37 | Vertebral Angioplasty (non-medicated) - with stent | 3A.37 | NA | 70000 |
| 38 | Paravalvular leak/ Ruptured sinus of Valsalva aneurysm (RSOV) | 3A.38 | 1374 | 88000 |
| 39 | Carotid angioplasty with stent* | 3A.39 | 1441 | 150000 |
| CARDIO THORACIC SURGERY | | | | |
| 40 | Coronary artery bypass grafting (CABG) * | 3A.40 | 1295 | 95000 |
| 41 | Coronary artery bypass grafting (CABG) with additional arterial graft* | 3A.41 | NA | 100000 |
| 42 | Coronary artery bypass grafting (CABG) with Intra-aortic balloon pump (IABP) * | 3A.42 | 1293 | 125000 |
| 43 | Coronary artery bypass grafting (CABG) + Valve Replacement * | 3A.43 | 1296 | 115000 |
| 44 | Coronary artery bypass grafting (CABG) + Valve Replacement + Intra-aortic balloon pump (IABP) * | 3A.44 | 1296 | 145000 |
| 45 | Coronary artery bypass grafting (CABG) with Aneurysmal repair * | 3A.45 | 1294 | 95000 |
| 46 | Coronary artery bypass grafting (CABG) with Mitral Valve repair * | 3A.46 | 1296 | 95000 |
| 47 | Coronary artery bypass grafting (CABG) with post MI Ventricular Septal Defect (Ventricular Septal Defect) repair with IABP* | 3A.47 | NA | 120000 |
| 48 | Open Mitral Valvotomy * | 3A.48 | 1262 | 80000 |
| 49 | Open Aortic Valvotomy * | 3A.49 | 1266 | 80000 |
| 50 | Open Pulmonary Valvotomy * | 3A.50 | 1263 | 80000 |
| 51 | Closed Mitral Valvotomy * | 3A.51 | 1259 | 30000 |
| 52 | Mitral Valve Repair * | 3A.52 | 1262 | 80000 |
| 53 | Tricuspid Valve Repair * | 3A.53 | NA | 80000 |

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Package Rate List for Tertiary Healthcare Treatments

| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|-------|---|--------------------------|------------|--------|
| 54 | Aortic Valve Repair * | 3A.54 | NA | 80000 |
| 55 | Ring for any Valve Repair * | 3A.55 | 1264 | 20000 |
| 56 | Mitral Valve Replacement * | 3A.56 | 1269 | 130000 |
| 57 | Aortic Valve Replacement * | 3A.57 | 1266 | 130000 |
| 58 | Pulmonary Valve Replacement* | 3A.58 | 1263 | 120000 |
| 59 | Tricuspid Valve Replacement * | 3A.59 | 1270 | 130000 |
| 60 | Valve Replacement with Intra-aortic balloon pump (IABP) * | 3A.60 | 1266 | 140000 |
| 61 | Double Valve Replacement * | 3A.61 | 1265 | 150000 |
| 62 | Ross Procedure * | 3A.62 | 1261 | 110000 |
| 63 | Atrial septal defect (ASD) * | 3A.63 | 1272 | 90000 |
| 64 | Ventricular Septal Defect (VSD) * | 3A.64 | 1273 | 90000 |
| 65 | Atrioventricular septal defect (AVentricular Septal Defect)/ Atrioventricular (AV) Canal Defect * | 3A.65 | 1272 | 90000 |
| 66 | Intracardiac repair (ICR) for Tetralogy of Fallot (TOF) * | 3A.66 | 1277 | 90000 |
| 67 | Pulmonary Valvotomy + Right Ventricular Outflow Tract (RVOT) Resection * | 3A.67 | 1263 | 90000 |
| 68 | Aortopulmonary Window (AP Window) * | 3A.68 | NA | 90000 |
| 69 | Surgery for Hypertrophic Obstructive Cardiomyopathy (HOCM) * | 3A.69 | NA | 90000 |
| 70 | Ebsteins * | 3A.70 | NA | 90000 |
| 71 | Fontan * | 3A.71 | 1416 | 100000 |
| 72 | Total Anomalous Pulmonary Venous Connection (TAPVC) * | 3A.72 | 1278 | 120000 |
| 73 | Pulmonary Atresia with or without Ventricular Septal Defect * | 3A.73 | NA | 105000 |
| 74 | Transposition of the great arteries (TGA) -Arterial Switch Operation* | 3A.74 | 1284, 1285 | 120000 |
| 75 | Double Switch Operation * | 3A.75 | 1414 | 120000 |
| 76 | Sennings * | 3A.76 | NA | 120000 |
| 77 | Mustards * | 3A.77 | NA | 120000 |
| 78 | Rastelli procedure -Pulmonary Conduit * | 3A.78 | NA | 120000 |
| 79 | Truncus Arteriosus Surgery * | 3A.79 | 1325 | 120000 |
| 80 | Root Replacement (Aortic Aneurysm/ Aortic Dissection) / Bentall Procedure * | 3A.80 | 1325 | 150000 |
| 81 | Aortic Arch Replacement* | 3A.81 | 1342 | 150000 |
| 82 | Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB) with/without graft* | 3A.82 | 1342 | 70000 |
| 83 | Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB) with/without graft* | 3A.83 | 1339 | 90000 |

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Package Rate List for Tertiary Healthcare Treatments

| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|-------|--|--------------------------|------------|--------|
| 84 | Intrathoracic Aneurysm (without graft)-Aneurysm not Requiring Bypass Techniques* | 3A.84 | 1324 | 65000 |
| 85 | Pulmonary Embolectomy / Endarterectomy* | 3A.85 | 1317 | 150000 |
| 86 | Patent Ductus Arteriosus (PDA) Closure | 3A.86 | 1280 | 30000 |
| 87 | Coarctation Repair* | 3A.87 | 1322 | 30000 |
| 88 | Coarctation Repair with graft * | 3A.88 | 1328 | 70000 |
| 89 | Blalock-Thomas-Taussig (BT) Shunt (inclusives of grafts) | 3A.89 | 1417 | 60000 |
| 90 | Glenn Shunt | 3A.90 | NA | 60000 |
| 91 | Central Shunt | 3A.91 | NA | 60000 |
| 92 | Pericardiectomy | 3A.92 | 1299 | 50000 |
| 93 | Thoracoscopic surgery | 3A.93 | 1408 | 35000 |
| 94 | Pericardiostomy Surgery | 3A.94 | 1298 | 10000 |
| 95 | Thymectomy | 3A.95 | 1411 | 35000 |
| 96 | Lobectomy | 3A.96 | 1390 | 70000 |
| 97 | Pneumonectomy | 3A.97 | 1391 | 60000 |
| 98 | Pleurectomy | 3A.98 | NA | 50000 |
| 99 | Decortication | 3A.99 | 1397 | 50000 |
| 100 | Mediastinotomy | 3A.100 | NA | 40000 |
| 101 | Pulmonary AV Fistula surgery | 3A.101 | NA | 45000 |
| 102 | Lung Cyst | 3A.102 | 1389 | 60000 |
| 103 | Space-Occupying Lesion (SOL) mediastinum | 3A.103 | 1395 | 60000 |
| 104 | Surgical Correction of Bronchopleural Fistula. | 3A.104 | 1398 | 70000 |
| 105 | Diaphragmatic Eventration | 3A.105 | 1401 | 50000 |
| 106 | Oesophageal Diverticula /Achalasia Cardia | 3A.106 | 1387 | 50000 |
| 107 | Diaphragmatic Injuries/Repair | 3A.107 | 1402 | 35000 |
| 108 | Thoracotomy, Thoraco Abdominal Approach | 3A.108 | 1388 | 40000 |
| 109 | Bronchial Repair Surgery for Injuries due to Foreign body | 3A.109 | 1394 | 40000 |
| 110 | Gastro Study Followed by Thoracotomy & Repairs of Oesophageal Injury for Corrosive Injuries/FB | 3A.110 | 1388 | 50000 |
| 111 | Oesophageal tumour removal | 3A.111 | NA | 50000 |
| 112 | Oesophagectomy | 3A.112 | 1994, 2015 | 60000 |
| 113 | Encysted Empyema/Pleural Effusion - Tubercular | 3A.113 | 1393 | 20000 |
| 114 | First rib Excision by transaxillary approach Excision of cervical rib / fibrous band / muscle by cervical approach | 3A.114 | 64 | 40000 |
| 115 | Thorocotomy and resection of pluera with Lung | 3A.115 | 1404 | 50000 |
| 116 | Tracheoplasty and introduction of montgomery T-tube (Tracheal stenting) | 3A.116 | 80 | 40000 |
| 117 | Congenital Hypoplasia of the lung | 3A.117 | Na | 40000 |
| 118 | Congenital Cystic Lesions | 3A.118 | NA | 40000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|--------------------------------|---|--------------------------|---------------------------|--------|
| 119 | Pulmonary Sequestration | 3A.119 | NA | 40000 |
| 120 | Pulmonary artero venous malformation | 3A.120 | NA | 40000 |
| 121 | Thoracotomy & Excision and fixation of the Spine | 3A.121 | NA | 65000 |
| 122 | Hiatus Hernia Repair | 3A.122 | 212, 213 | 40000 |
| 123 | Intrathoracic Aneurysm (with graft) -Requiring Bypass Techniques* | 3A.123 | 1324, 1329 | 110000 |
| CARDIO VASCULAR SURGERY | | | | |
| 124 | Pericardiostomy without balloon | 3A.124 | 1298 | 10000 |
| 125 | Thromboembolectomy - unilat singular | 3A.125 | 1318, 1316, 1317, 1319 | 30000 |
| 126 | Thromboembolectomy - bilat /multi level | 3A.126 | 1318, 1316, 1317, 1319 | 40000 |
| 127 | Aortic Aneurysm Repair without using Cardiopulmonary bypass (CPB) including graft* | 3A.127 | 1342 | 70000 |
| 128 | Aortic Aneurysm Repair using Cardiopulmonary bypass (CPB) including graft* | 3A.128 | 1339 | 90000 |
| 129 | Surgery for Arterial Aneurysm -Abdominal aorta | 3A.129 | 1333 | 90000 |
| 130 | Surgery for Arterial Aneurysm Renal Artery | 3A.130 | 1372 | 50000 |
| 131 | Operations for Stenosis of Renal Arteries | 3A.131 | 1373 | 20000 |
| 132 | Femoropopliteal by pass procedure with graft (inclu. Graft) | 3A.132 | 1349 | 70000 |
| 133 | Aorto Bi Iliac / Bi femoral /Axillo bi femoral bypass with Synthetic Graft | 3A.133 | 1351 | 90000 |
| 134 | Femoro Distal / Femoro-popliteal/ Femoral infra popliteal Bypass with Vein Graft | 3A.134 | 1354 | 50000 |
| 135 | Carotid- carotid/Carotid- Subclavian/ Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with Synthetic Graft | 3A.135 | 1354 | 75000 |
| 136 | Axillo Brachial Bypass using Synthetic Graft/Brachial Artery to Auxillary Vein/Basilic Vein grafting using PTFE graft | 3A.136 | 1355 | 50000 |
| 137 | Brachio - Radial Bypass (with vein) | 3A.137 | 1356 | 40000 |
| 138 | Excision of Carotid body Tumor with / without vascular repair | 3A.138 | 1379 | 35000 |
| 139 | Carotid artery bypass with Synthetic Graft | 3A.139 | 1337 | 60000 |
| 140 | Excision of Arterio Venous malformation - Large | 3A.140 | 1330 | 50000 |
| 141 | Excision of Arterio Venous malformation - Small (Congenital/Acquired) | 3A.141 | 1331 | 30000 |
| 142 | Carotid/other peripheral endarterectomy | 3A.142 | 1926 | 40000 |
| 143 | Carotid/other endarterectomy with patch | 3A.143 | 1926 | 50000 |
| 144 | Aortic Angioplasty | 3A.144 | Na | 40000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|--|---|--------------------------|------------|-------|
| 145 | Aortic/ iliac Angioplasty with one stent | 3A.145 | na | 60000 |
| 146 | Aortic Angioplasty with two stents / Iliac angioplasty with stent Bilateral | 3A.146 | na | 90000 |
| 147 | Deep Vein Thrombosis (DVT) - Inferior Vena Cava (IVC) filter (Recurrent DVD - (includes removal of filter) | 3A.147 | 1332 | 65000 |
| 148 | Aneurysm infra renal aorta /aorto iliac(including graft) | 3A.148 | 1325 | 90000 |
| 149 | Aorto uni iliac/uni femoral bypass | 3A.149 | 1350 | 70000 |
| 150 | Peripheral arterial aneurysms | 3A.150 | 1369, 1370 | 50000 |
| CARDIOLOGY/ CVS/ INTERVENTIONAL RADIOLOGICAL THERAPEAUTIC PROCEDURE | | | | |
| 151 | Bronchial artery Embolisation (for Haemoptysis) | 3A.151 | 2904 | 25000 |
| 152 | Percutaneous Transluminal Tricuspid Commissurotomy (PTTC) | 3A.152 | NA | 25000 |
| 153 | Balloon Atrial Septostomy | 3A.153 | 1271 | 25000 |
| 154 | Coiling - Pseudoaneurysms of Abdomen | 3A.154 | NA | 55000 |
| 155 | Embolisation - Arteriovenous Malformation (AVM) in the Limbs | 3A.155 | 1897 | 40000 |
| 156 | Catheter directed Thrombolysis for: Deep vein thrombosis (DVT), Mesenteric Thrombosis & Peripheral vessels* | 3A.156 | 2739 | 50000 |
| 157 | Inferior Vena Cava (or IVC) Stenting | 3A.157 | NA | 60000 |
| POST CARDIO SURGERY FOLLOW-UP | | | | |
| CVSF1 | Post Cardiac surgery Followup-1 | 3A.CVSF1 | NA | 0 |
| CVSF2 | Post Cardiac surgery Followup-2 | 3A.CVSF2 | NA | 4000 |
| CVSF3 | Post Cardiac surgery Followup-3 | 3A.CVSF3 | NA | 2000 |
| CVSF4 | Post Cardiac surgery Followup-4 | 3A.CVSF4 | NA | 2000 |
| CVSF5 | Post Cardiac surgery Followup-5 | 3A.CVSF5 | NA | 2000 |
| GENITO URINARY | | | | |
| 158 | Open Pyelolithotomy* | 3A.158 | 1572 | 36000 |
| 159 | Open Nephrolithotomy* | 3A.159 | 1569 | 36000 |
| 160 | Pyeloplasty* | 3A.160 | 1581 | 40000 |
| 161 | PCNL (Percutaneous Nephro Lithotomy)* (Inclusive of stent) | 3A.161 | 1636 | 38000 |
| 162 | Nephrostomy (PCN)* | 3A.162 | 1571 | 10000 |
| 163 | Simple Nephrectomy | 3A.163 | 1530 | 35000 |
| 164 | Lap. Nephrectomy Simple | 3A.164 | 1585, 1530 | 45000 |
| 165 | Lap. Nephrectomy Radical | 3A.165 | 2042, 1530 | 50000 |
| 166 | Lap. Partial Nephrectomy | 3A.166 | 1584 | 60000 |
| 167 | Open partial Nephrectomy | 3A.167 | 2041 | 50000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|-------|---|--------------------------|------------------------|-------|
| 168 | Open Anatomic Nephrolithotomy (For Staghorn Stone) | 3A.168 | 1574 | 45000 |
| 169 | Retrograde Intra Renal surgery (RIRS with laser) – for renal and PUJ calculi* | 3A.169 | 1593 | 50000 |
| 170 | URSL* (Inclusive of stent) | 3A.170 | 1594, 1738, 1739, 1740 | 22500 |
| 171 | DJ stent (One side) | 3A.171 | 1651 | 7500 |
| 172 | URSL-LASER* | 3A.172 | 1594, 1741, 1742, 1743 | 25000 |
| 173 | DJ stent (Bilateral) | 3A.173 | 1651 | 10000 |
| 174 | Ureterolithotomy-Open* | 3A.174 | 1601 | 30000 |
| 175 | Ureterolithotomy-LAP* | 3A.175 | 1601 | 35000 |
| 176 | Open Boari Flap-Ureteric stricture | 3A.176 | 1600, 1601, 257 | 42000 |
| 177 | Open Ureteral Reimplantation (Unilateral) | 3A.177 | 1597, 1599 | 38000 |
| 178 | Deflux for VUR* | 3A.178 | 1599 | 50000 |
| 179 | Ureterocele incision | 3A.179 | 1805 | 25000 |
| 180 | TURP | 3A.180 | 1654 | 30000 |
| 181 | Open Prostatectomy | 3A.181 | 1656 | 35000 |
| 182 | Bladder Neck Incision | 3A.182 | 1628 | 22500 |
| 183 | TRUS biopsy of prostate | 3A.183 | 1821 | 6000 |
| 184 | Open Cystolithotomy | 3A.184 | 1610 | 18000 |
| 185 | UVF/VVF Repair* | 3A.185 | 774, 775, 777 | 40000 |
| 186 | Cystolithotripsy | 3A.186 | 1600, 1608, 1609 | 17000 |
| 187 | TURBT | 3A.187 | 1613 | 30000 |
| 188 | Laparoscopic VVF Repair | 3A.188 | 773 | 40000 |
| 189 | Bladder Augmentation | 3A.189 | 1539 | 42000 |
| 190 | Post TURBT BCG (Per Cycle Per Week) | 3A.190 | 1707, 1708 | 1000 |
| 191 | Post TURBT Check Cystoscopy (Per Sitting) | 3A.191 | no code | 5000 |
| 192 | Partial cystectomy* | 3A.192 | 1630 | 40000 |
| 193 | Bladder diverticulectomy -open/lap* | 3A.193 | 1615 | 30000 |
| 194 | Urethroplasty for Stricture Diseases-single stage* | 3A.194 | 1634, 1635 | 45000 |
| 195 | Urethroplasty for Stricture Diseases-First Stage | 3A.195 | 1637 | 30000 |
| 196 | Urethroplasty for Stricture Diseases-Second Stage* | 3A.196 | 1638 | 25000 |
| 197 | Hypospadiasis(Adult)* | 3A.197 | 1544, | 35000 |
| 198 | Hypospadiasis(Adult) First Stage | 3A.198 | 1545 | 25000 |
| 199 | Hypospadiasis(Adult) Second Stage | 3A.199 | 1546 | 25000 |
| 200 | Perineal Urethrostomy | 3A.200 | 1632 | 25000 |
| 201 | Visual Internal Urethrotomy | 3A.201 | 1633, 1670 | 12000 |
| 202 | Open Orchidectomy (Simple / Radical) | 3A.202 | 235 | 20000 |
| 203 | Repair of stress incontinence - lap or open colpo suspension* | 3A.203 | 752, 753, 754 | 45000 |
| 204 | Adenoma Excision- Adrenals | 3A.204 | 1457, 1755 | 12000 |
| 205 | ESWL (Extra corporeal shock-wave lithotripsy)* | 3A.205 | 1704 | 8500 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|--|---|--------------------------|---------------|--------|
| 206 | ESWL (Extra corporal shock-wave lithotripsy) above 1 cm to 2 cm- Single Side* | 3A.206 | 1704 | 18000 |
| 207 | Renal biopsy – Percutaneous | 3A.207 | NA | 7500 |
| POST GENITO URINARY FOLLOW-UP | | | | |
| GUF1 | Post Genito Urinary Follow up-1 | 3A.GUF1 | NA | 0 |
| GUF2 | Post Genito Urinary Follow up-2 | 3A.GUF2 | NA | 1000 |
| GUF3 | Post Genito Urinary Follow up-3 | 3A.GUF3 | NA | 600 |
| NEONATAL AND PAEDIATRIC SURGERY | | | | |
| 208 | Supraglottoplasty | 3A.208 | NA | 25000 |
| 209 | Esophageal substitution surgery | 3A.209 | 1484 | 110000 |
| 210 | Thoracic Duplication cyst | 3A.210 | 1389, 1396 | 50000 |
| 211 | Thoracic Wall defects Correction | 3A.211 | 1473 | 60000 |
| 212 | Omphalocele-Minor | 3A.212 | 1476, 1478 | 40000 |
| 213 | Splenectomy - Child | 3A.213 | 189, 192, 193 | 45000 |
| 214 | Shunt surgery for portal hypertension | 3A.214 | 108, 191 | 50000 |
| 215 | Surgery for chronic pancreatitis | 3A.215 | NA | 70000 |
| 216 | Colostomy formation | 3A.216 | 136, 137 | 20000 |
| 217 | Biliary Atresia | 3A.217 | 1513 | 65000 |
| 218 | Excision of choledochal cyst with hepatic jejunostomy | 3A.218 | 1514 | 85000 |
| 219 | Oesophageal Atresia | 3A.219 | 1481 | 110000 |
| 220 | Diaphragmatic Hernia - Paed | 3A.220 | 1529, 220 | 110000 |
| 221 | Unilateral Inguinal Hernia- Age less than 1 year | 3A.221 | 219, 220 | 15000 |
| 222 | Bilateral Inguinal Hernia for age < 1 year | 3A.222 | 218 | 22500 |
| 223 | Ureteric Reimplantations Bilateral * | 3A.223 | 1536 | 70000 |
| 224 | Ureteric Reimplantations Unilateral * | 3A.224 | 1536, 1597 | 45000 |
| 225 | Exstrophy Bladder Stage 2 | 3A.225 | 1536, 1597 | 70000 |
| 226 | Urinary Diversion - Temporary | 3A.226 | 2044 | 25000 |
| 227 | Urinary Diversion - Permanent | 3A.227 | 2044 | 45000 |
| 228 | Urinary Diversion - Undiversion | 3A.228 | 2044 | 35000 |
| 229 | Continenence Stage 1 (Epispadias) | 3A.229 | 1547 | 40000 |
| 230 | Stage 2 Incontinence for epispadias including bladder neck repair | 3A.230 | 1647, 1648 | 40000 |
| 231 | Insertion of Hickman Catheter | 3A.231 | 1346, 1347 | 10000 |
| 232 | Insertion of Chemo port | 3A.232 | 1346, 1347 | 20000 |
| 233 | Congenital Hydronephrosis Open/Lap* | 3A.233 | 1535 | 50000 |
| 234 | Feminising genitoplasty | 3A.234 | 1558 | 55000 |
| 235 | Undescended Testis (Palpable) | 3A.235 | 1549 | 15000 |
| 236 | Undescended Non palpable testis stage 1 | 3A.236 | NA | 20000 |
| 237 | Undescended Non palpable testis stage 2 (definitive repair) | 3A.237 | NA | 25000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|-------|---|--------------------------|--------------------------------|--------|
| 238 | Anorectal Malformations Definite Repair | 3A.238 | 1510, 1494 (multiple codes) | 60000 |
| 239 | Anorectal Malformations Stage 3 | 3A.239 | 1499, 1501, 1502 (multiple | 45000 |
| 240 | Anorectal malformation- Low variant | 3A.240 | 152, 1506, (Multiple codes) | 30000 |
| 241 | Hirschsprungs Disease stage 1 | 3A.241 | 1496, 1495, 1501 (Multiple | 40000 |
| 242 | Hirschsprungs Disease stage 2/Definitive Repair (Including Staplers) | 3A.242 | 1511, 1507 (Multiple | 60000 |
| 243 | Heller's Cardiomyotomy with fundoplication | 3A.243 | 89 | 50000 |
| 244 | Simple Fundoplication | 3A.244 | 1154 | 35000 |
| 245 | Intussusception pneumatic/hydrostatic reduction | 3A.245 | 108 | 18000 |
| 246 | Pyloromyotomy | 3A.246 | 89 | 35000 |
| 247 | Bladder Augmentation | 3A.247 | 1539 | 80000 |
| 248 | Hypospadias First Stage | 3A.248 | 1545 | 30000 |
| 249 | Hypospadias Definitive Repair - proximal penile | 3A.249 | 1544 | 60000 |
| 250 | Hypospadias Definitive Repair - mid penile | 3A.250 | 1544, | 50000 |
| 251 | Hypospadias Definitive Repair - distal penile | 3A.251 | 1544, 1546 | 40000 |
| 252 | Hypospadias Re-Do | 3A.252 | NA | 40000 |
| 253 | Fistula Closure Hypospadiacs | 3A.253 | NA | 20000 |
| 254 | Cystoscopic fulguration of posterior urethral valves | 3A.254 | 1770 | 30000 |
| 255 | Stent Removal | 3A.255 | 1703 | 5000 |
| 256 | Laparotomy and excision of cyst (For Paediatric benign abdominal cyst) | 3A.256 | 320 | 30000 |
| 257 | Polydactly (One finger) | 3A.257 | 2324 | 20000 |
| 258 | Club hands Stage 1 / Club Foot | 3A.258 | 2394, 1088, 2324 | 40000 |
| 259 | Club hands Stage 2 | 3A.259 | 2394, 1088, 2324 | 40000 |
| 260 | Syndactly | 3A.260 | 2394, 1088, 2324 | 25000 |
| 261 | Meningo Encephalocele * | 3A.261 | 1850 | 40000 |
| 262 | Meningomyelocele * | 3A.262 | 1837, 1838 | 40000 |
| 263 | Faciomaxillary surgery | 3A.263 | 1931, 2321, 2322 | 35000 |
| 264 | Respiratory distress syndrome | 3A.264 | NA | 75550 |
| 265 | Meconium Aspiration syndrome | 3A.265 | NA | 50900 |
| 266 | Septicemia not requiring ventilation | 3A.266 | 2693, 2695 | 49200 |
| 267 | VLBW not requiring ventilation | 3A.267 | 2658, 2661 | 119900 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|---|---|--------------------------|------------|--------|
| 268 | Neonatal jaundice requiring exchange transfusion | 3A.268 | 2610, 2611 | 31250 |
| 269 | Asphyxia with convulsions | 3A.269 | 2650 | 73400 |
| 270 | Cochlear Implant Surgery excluding implant(Including AV therapy) | 3A.270 | 2406 | 130000 |
| 271 | Thalassemia/Sickle Cell anaemia (Quarterly per child per year) | 3A.271 | NA | 25000 |
| Neuro Surgery - Atlanto Axial Dislocation (AAD) | | | | |
| 272 | Transoral surgery /Anterior/ Posterior/CV Junction (with Stabilization) | 3A.272 | 1884 | 80000 |
| 273 | Trans oral Surgery | 3A.273 | 1884 | 30000 |
| 274 | RF Lesions for Trigeminal Neuralgia | 3A.274 | NA | 15000 |
| 275 | Foramen Magnum Decompression | 3A.275 | 1956 | 45000 |
| 276 | Endoscopic CSF Rhinorrhea Repair | 3A.276 | 1937 | 45000 |
| 277 | Fetal Surgery for Myelomeningocele | 3A.277 | NA | 75000 |
| NEUROSURGERY - GENERAL NEUROSURGERY | | | | |
| 278 | Nerve Biopsy with report | 3A.278 | 1914 | 10000 |
| 279 | Neuroblastoma | 3A.279 | 1456, 2148 | 40000 |
| 280 | Nerve Decompression | 3A.280 | 360, 1922 | 20000 |
| 281 | Peripheral Nerve Surgery Major | 3A.281 | 1868 | 45000 |
| 282 | Carotid Endarterectomy | 3A.282 | 1926 | 45000 |
| 283 | Stereotactic Lesioning | 3A.283 | 1888 | 60000 |
| 284 | Epilepsy Surgery | 3A.284 | 1939 | 50000 |
| 285 | CTS | 3A.285 | 1954 | 10000 |
| 286 | Guillain Barre Syndrome | 3A.286 | NA | 75000 |
| NEURO-SURGERY BRAIN | | | | |
| 287 | Excision of Brain Tumor Supratentorial-Parasagittal * | 3A.287 | 1842 | 80000 |
| 288 | Excision of Brain Tumor Supratentorial-Basal * | 3A.288 | 1839 | 80000 |
| 289 | Excision of Brain Tumor Supratentorial-Brainstem * | 3A.289 | 1839 | 80000 |
| 290 | Excision of Brain Tumor Infratentorial-C P Angle * | 3A.290 | 1841 | 80000 |
| 291 | Excision of Brain Tumor Supratentorial & others * | 3A.291 | 1842 | 50000 |
| 292 | Excision of Brain Tumors -Subtentorial * | 3A.292 | 1846 | 55000 |
| 293 | Abscess Tapping Single | 3A.293 | 1831 | 15000 |
| 294 | C.S.F. Rhinorrhoea | 3A.294 | 1852 | 43000 |
| 295 | Cranioplasty | 3A.295 | 1847 | 30000 |
| 296 | Aneurysm Clipping * | 3A.296 | 1872 | 110000 |
| 297 | Stereotaxic Procedures | 3A.297 | 1888 | 25000 |
| 298 | Trans Sphenoidal Surgery -Routine/Endoscopic | 3A.298 | 1871 | 40000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|-------------------------------------|---|--------------------------|---------------------------|--------|
| 299 | MVD (Micro Vascular Decompression) | 3A.299 | NA | 50000 |
| 300 | Arterio venous malformation (AVM) excision (whatever size and location) */ Cavernoma | 3A.300 | 1330, 1331 | 100000 |
| 301 | Superficial Temporal Artery (STA): middle Cerebral Artery (MCA) or (Other EC : IC) Bypass Procedure | 3A.301 | NA | 100000 |
| 302 | Endoscopic ventriculostomy | 3A.302 | 1851 | 30000 |
| 303 | Endoscopic colloid cyst excision | 3A.303 | NA | 50000 |
| 304 | Endoscopic Tumour Removal | 3A.304 | 1859, 1840, 1841, 1842 | 50000 |
| 305 | Excision of Orbital Tumour* | 3A.305 | 1971 | 50000 |
| 306 | Cranio Facial Resection | 3A.306 | 2071 | 70000 |
| 307 | Elevation/Excision of depressed fracture | 3A.307 | 1953 | 30000 |
| 308 | Decompressive craniotomy | 3A.308 | 1830 | 40000 |
| 309 | Craniosynostosis | 3A.309 | 1899 | 50000 |
| 310 | Gamma Knife radiosurgery (GKRS)/SRS for Tumours/Arteriovenous malformation (AVM) | 3A.310 | 1962, 1963 | 75000 |
| 311 | Scalp Arteriovenous malformation (AVM) | 3A.311 | 1973 | 25000 |
| 312 | Skull lesion including cranioplasty | 3A.312 | 1847 | 40000 |
| 313 | Skull Lesion without Cranioplasty | 3A.313 | 1847 | 25000 |
| 314 | Cranioplasty with mesh | 3A.314 | 1847 | 40000 |
| NEURO-SURGERY SPINE | | | | |
| 315 | Spinal Cord Tumours* | 3A.315 | 1858 | 45000 |
| 316 | Anterior Cervical Discectomy Single level * | 3A.316 | 1881 | 30000 |
| 317 | Anterior Cervical Discectomy Multiple level with Implants* | 3A.317 | 1887 | 60000 |
| 318 | Laminectomy-Cervical * | 3A.318 | 1925 | 30000 |
| 319 | Spinal Fusion Procedure + cost of implant * | 3A.319 | 1006, 1883 | 60000 |
| 320 | Spinal Intra Medullary Tumours* | 3A.320 | 1859 | 40000 |
| 321 | Spina Bifida Surgery Major * | 3A.321 | 1861, 1862 | 40000 |
| 322 | Corpectomy for Spinal Fixation + cost of implant * | 3A.322 | 1882 | 70000 |
| 323 | Posterior Cervical Discectomy without implant * | 3A.323 | 1891, 1881 | 30000 |
| 324 | Posterior Cervical Fusion with implant (Lateral mass fixation) * | 3A.324 | 1887 | 60000 |
| 325 | Theco Peritoneal Shunt | 3A.325 | 1854 | 20000 |
| 326 | Cervical Disc Multiple level without Fusion | 3A.326 | 1881 | 35000 |
| 327 | Thoracic/Lumbar Corpectomy with fusion inclusive of implant /Trans thoracic * | 3A.327 | 1881 | 70000 |
| 328 | Spinal Fusion Procedure + cost of implant * Cost of next + Multiple level | 3A.328 | 1883 | 70000 |
| POST NEURO SURGERY FOLLOW-UP | | | | |
| NSBF1 | Post Brain surgery Follow up-1 | 3A.NSBF1 | NA | 3000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|---|---|--------------------------|------------|-------|
| NSBF2 | Post Brain surgery Follow up-2 | 3A.NSBF2 | NA | 2000 |
| NSBF3 | Post Brain surgery Follow up-3 | 3A.NSBF3 | NA | 1000 |
| NSBF4 | Post Brain surgery Follow up-4 | 3A.NSBF4 | NA | 1500 |
| NSSF1 | Post Spine surgery Follow up-1 | 3A.NSSF1 | NA | 3000 |
| NSSF2 | Post Spine surgery Follow up-2 | 3A.NSSF2 | NA | 2000 |
| NSSF3 | Post Spine surgery Follow up-3 | 3A.NSSF3 | NA | 1000 |
| ONCOLOGY - LUNGS | | | | |
| 329 | Lung metastatectomy - solitary | 3A.329 | 1997 | 30000 |
| 330 | Lung metastatectomy - Multiple | 3A.330 | 1998 | 50000 |
| 331 | Sleeve resection of Lung cancer | 3A.331 | 1999 | 90000 |
| 332 | Mediastinal tumor resection | 3A.332 | 2003 | 50000 |
| 333 | VATS/Laparoscopy (for deep seated biopsy) | 3A.333 | 2121 | 10000 |
| 334 | Linear accelerator teletherapy, 3DCRT,IMRT,VMAT Adjuvant/Definitive | 3A.334 | 2227, 2228 | 75000 |
| 335 | Brachytherapy - Intraluminal HDR per fraction (max 4 session) | 3A.335 | 2226 | 4500 |
| 336 | Definitive, Adjuvant, SRS/SRT | 3A.336 | 2229 | 75000 |
| 337 | Cobalt 60 External Beam Radiotherapy, Definitive, Neoadjuvant, Adjuvant | 3A.337 | 2221 | 20000 |
| 338 | Cisplatin/Etoposide (IIIB)- Max. 6 cycles only (Per cycle) | 3A.338 | 2175 | 7000 |
| 339 | Paclitaxel + Cisplatin / Carboplatin 2. Gemcitabine D1 & D8 + Cisplatin / Carboplatin -Max. 6 cycles only (Per | 3A.339 | 2178 | 12000 |
| 340 | Pemetrexed +Carboplatin/Cisplatin (Stage IIIB, IV Adenocarcinoma)- Max. 6 cycles only (Per cycle) | 3A.340 | 2179 | 15000 |
| 341 | Variable Regimen maximum 6 cycles (Per cycle)(Amount as per drug cost) | 3A.341 | 2177 | 8000 |
| ONCOLOGY - SKIN/BONE AND SOFT TISSUE | | | | |
| 342 | Limb salvage surgery for Bone Tumors with Prosthesis | 3A.342 | 2079 | 75000 |
| 343 | Forequarter amputation | 3A.343 | 2083 | 30000 |
| 344 | Shoulder Girdle Resection | 3A.344 | 2081 | 40000 |
| 345 | Hemipelvectomy | 3A.345 | 2084 | 65000 |
| 346 | Sacral Resection | 3A.346 | 2082 | 60000 |
| 347 | Wide excision - for skin, soft tissue and bone tumors - minor | 3A.347 | 2091 | 15000 |
| 348 | Wide excision - for skin, soft tissue and bone tumors - Major | 3A.348 | 2091 | 30000 |
| 349 | Wide excision + Reconstruction for soft tissue and bone tumors | 3A.349 | 2092 | 50000 |
| 350 | Amputation for bone / soft tissue tumours (Minor) | 3A.350 | 2080 | 25000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|--|--|--------------------------|----------------------|--------|
| 351 | Amputation for bone / soft tissue tumours (Major) | 3A.351 | 2080 | 35000 |
| 352 | Chest wall resection for SOFT tissue bone tumors | 3A.352 | 2005 | 40000 |
| 353 | Chest wall resection + Reconstruction | 3A.353 | 2006 | 40000 |
| 354 | Linear accelerator teletherapy, Definitive, Neoadjuvant, Adjuvant 3DCRT/IMRT | 3A.354 | 2222, 2224,2227,2228 | 50000 |
| 355 | Cisplatin/Adriamycin-ifosmide (IAP)- max 6 cycles (Per cycle) -Adj/Neo adjuvant/Palliative | 3A.355 | 2136 | 15000 |
| 356 | High Dose Methotrexate (MTX)- max 6 cycles (Per cycle) | 3A.356 | 2168 | 15000 |
| 357 | Variable Regimen -Ewings Sarcoma- max 17 cycles in 1 year (Per cycle)(Amount as per drug cost) | 3A.357 | 2137 | 10000 |
| 358 | IFS + ADR-max 6 cycles (Per cycle) -Adj/Neo adjuvant/Palliative | 3A.358 | 2136 | 15000 |
| ONCOLOGY - BLOOD - PAEDIATRICS AND OTHERS | | | | |
| 359 | Induction/1st Phase-AML (2nd Induction - permitted in adults only) | 3A.359 | 2155 | 50000 |
| 360 | Consolidation 1 to 4 phases(per phase)- AML | 3A.360 | 2157 | 33000 |
| 361 | Induction, Intensification & Consolidation / ALL and Lymphoblastic NHL | 3A.361 | 2159, 2160, 2162 | 100000 |
| 362 | CNS directed therapy - RT/CT (10 fractions) (CT- for age below 3 years; all others -RT) | 3A.362 | 2222,2223,2224 | 15000 |
| 363 | Maintenance (Paed and adults) - ALL (Per month) | 3A.363 | 2158, | 3000 |
| 364 | Adult ALL -Hyper CVAD/BFM - 4 cycles (Each cycle= A + B) | 3A.364 | NA | 36000 |
| 365 | D'angelo's for CNS primary and secondary lymphomas -(Max. 6 months) (Per month) | 3A.365 | NA | 20000 |
| 366 | Salvage CT - GDP (Gemcitabine - Cisplatin- Dexamethasone)- Maximum 6 cycles (Per cycle) | 3A.366 | 2181 | 12000 |
| 367 | Salvage CT - ICE (Ifosfamide-Carboplatin-Etoposide)- Maximum 6 cycles (Per cycle) | 3A.367 | 2149 | 15000 |
| 368 | Salvage CT -DHAP (cytosine arabinoside-cisplatin-dexamethasone) - Maximum 6 cycles (Per cycle) | 3A.368 | NA | 25000 |
| 369 | Imatinib Min 400 mg/day-max 12 cycles per year (Per month) - AML, CML | 3A.369 | 2196 | 5000 |
| 370 | Second generation Tab TKI - max 12 cycles per year (Per month) - (Failure of Imatinib) | 3A.370 | NA | 6000 |
| 371 | Bendamustine- max 6 cycles (Per cycle) - CLL | 3A.371 | 2193 | 10000 |
| 372 | Bendamustine + Ritumaxib- 6-8 cycles (Per cycle) - CLL (Available only at select centres) | 3A.372 | 2199 | 20000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|--------------------------|---|--------------------------|-----------|-------|
| 373 | Doxorubicin - Bleomycin - Vinblastine Dacarbazine (DBVD)-max 6-8 cycles (Per cycle) (Day1 & Day15) - | 3A.373 | 2137 | 12000 |
| 374 | Cyclophosphamide - Doxorubicin Vincristine - Prednisone (CHOP)- max 8 cycles (Per cycle) - | 3A.374 | 2138 | 6000 |
| 375 | R-CHOP -max 6 cycles (Per cycle) | 3A.375 | 2188 | 20000 |
| 376 | Variable Regimen-Non Lymphoblastic NHL, (Per cycle) max. 8 cycles.(Amount as per drug cost) | 3A.376 | 2147 | 20000 |
| 377 | Linear accelerator, less than 20 fractions/3DCRT/IMRT | 3A.377 | 2224 | 25000 |
| 378 | Cobalt 60 External Beam Radiotherapy,Involved-Site Radiotherapy (ISRT)/Involved Field Radiation Therapy | 3A.378 | 2221 | 15000 |
| 379 | Linear accelerator,Involved-Site Radiotherapy (ISRT)/Involved field radiation therapy | 3A.379 | 2221 | 25000 |
| 380 | Vincristine, Adriamycin, Dexamethasone(VAD)-cycle max 6 cycles - Multiple myeloma | 3A.380 | 2141 | 5000 |
| 381 | Thalidomide+Dexamethasone(Oral)-/month max 12 months - Multiple myeloma | 3A.381 | 2142 | 4000 |
| 382 | Melphalan -Prednisone (oral)-Month max 12 months - Multiple myeloma | 3A.382 | 2143 | 1500 |
| 383 | Plasma cell Leukemia / Multiple Myeloma - Thaladomide, Dexamethasone, Bortezomib - max 6 | 3A.383 | 2142 | 20000 |
| 384 | Zoledronic acid along with Adjuvant Chemotherapy of AS-I- Maximum 12 cycles (Bone metastasis) | 3A.384 | 2166 | 3000 |
| 385 | SIOP/NATIONAL WILMS TUMOUR STUDY GROUP(NWTS) regimen(Stages I - V)- max 6 months | 3A.385 | 2144 | 8000 |
| 386 | Variable Regimen-Neuroblastoma- max 1 year (Per cycle)(Amount as per drug cost) | 3A.386 | 2148 | 10000 |
| 387 | Carbo/Etoposide/Vincristine-max 6 cycles (Per cycle) - Retinoblastoma | 3A.387 | 2149 | 5000 |
| 388 | Variable Regimen- LCH-max 1 year (Per month)(Amount as per drug cost) | 3A.388 | 2147 | 8000 |
| 389 | Vincristine-Actinomycin-Cyclophosphamide(Vact C) based chemo - max 1 year (Per cycle)- | 3A.389 | 2153 | 9000 |
| 390 | Palliative and Supportive Therapy (Per month) | 3A.390 | 2165 | 3000 |
| 391 | Salvage CT- max 6 cycles (Per cycle) only paediatrics | 3A.391 | NA | 12000 |
| ONCOLOGY - BREAST | | | | |
| 392 | Mastectomy +Axillary Dissection | 3A.392 | 2089 | 25000 |
| 393 | Mastectomy +Axillary Dissection+Defect Closure with Flap | 3A.393 | 2089 2090 | 40000 |
| 394 | Axillary Dissection | 3A.394 | 2011 | 15000 |
| 395 | Breast Conserving Surgery | 3A.395 | 228 | 25000 |
| 396 | Bilateral oophorectomy | 3A.396 | 687 | 25000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|---|---|--------------------------|---------------------------|-------|
| 397 | Accelerated partial breast irradiation (APBI) any type/ LINAC/3DCRT/IMRT | 3A.397 | 2222, 2228, 2224 | 50000 |
| 398 | 5- Fluorouracil A-C (FAC)(Maximum 6 cycles) (Per cycle) | 3A.398 | 2150 | 5000 |
| 399 | AC (Maximum 4 cycles) (Per cycle) | 3A.399 | 2127 | 5000 |
| 400 | FEC (Epirubicin based)(Maximum 6 cycles) (Per cycle) | 3A.400 | 2150 | 8000 |
| 401 | Paclitaxel/docetaxel(Maximum 4cycles) (Adjuvant) (Per cycle) | 3A.401 | 2139, 2201 | 9000 |
| 402 | Cyclophosphamide/Methotrexate/5Fluorouracil (CMF) (Per cycle) | 3A.402 | 2151 | 1500 |
| 403 | 1. TC Docetaxel + Cyclophosphamide. 2. TAC Docetaxel + Doxorubicin + Cyclophosphamide. 3. | 3A.403 | 2127,2182, 2145, 2150 | 12000 |
| 404 | Tamoxifen tabs- maximum 12 cycles (Per month) | 3A.404 | 2164 | 100 |
| 405 | Aromatase Inhibitors (Anastrozole/Letrozole/ Exemestane)- maximum 12 cycles (Per month) | 3A.405 | 2171 | 900 |
| 406 | Palliative CT- Max 6 cycles (Per cycle) | 3A.406 | 2163 | 8000 |
| 407 | Variable Regimen - maximum 6 cycles (Per cycle) (Amount as per drug cost) | 3A.407 | 2150, 2127 | 8000 |
| 408 | Paclitaxel weekly x 12 weeks | 3A.408 | 2139 | 4500 |
| ONCOLOGY - GI TRACT AND OESOPHAGUS | | | | |
| 409 | Capetabine (Day 1-14) - 6 cycles (Palliative/Adjuvant); As Concurrent as RT sensitizor with all RT | 3A.409 | 2187 | 4000 |
| 410 | Variable Regimen maximum 6 cycles (Per cycle) (Amount as per drug cost) | 3A.410 | 2180, 2181, 2182, 2184 | 8000 |
| 411 | Oesophagectomy with Two field Lymphadenectomy | 3A.411 | 2016 | 75000 |
| 412 | Oesophagectomy with Three field Lymphadenectomy | 3A.412 | 2017 | 90000 |
| 413 | Gastrectomy - any type | 3A.413 | 2019 | 50000 |
| 414 | Small bowel resection | 3A.414 | 2022 | 40000 |
| 415 | Closure of Ileostomy/ Colostomy | 3A.415 | 2028 2029 | 30000 |
| 416 | Colectomy - any type | 3A.416 | 2023 | 40000 |
| 417 | Anterior Resection (inclusive of staplers) | 3A.417 | 2031 | 70000 |
| 418 | Abdominoperineal Resection | 3A.418 | 2030 | 50000 |
| 419 | Feeding procedure(Gastrostomy/Jejunostomy) | 3A.419 | 2027 2020 | 20000 |
| 420 | Ileostomy | 3A.420 | 2026 | 20000 |
| 421 | Colostomy | 3A.421 | 2025 | 20000 |
| 422 | Gastro Jejunostomy | 3A.422 | 2021 | 30000 |
| 423 | Ileotransverse Colostomy | 3A.423 | 2024 | 30000 |
| 424 | Distal Pancreatectomy | 3A.424 | 2036 | 60000 |
| 425 | Enucleation of Cyst | 3A.425 | 1190 | 50000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|--|--|--------------------------|-----------|-------|
| 426 | Whipples surgery (inclusive of staplers) | 3A.426 | 1197 | 80000 |
| 427 | Radical Cholecystectomy | 3A.427 | 2034 | 60000 |
| 428 | Resection of Retroperitoneal Tumors | 3A.428 | 2040 | 50000 |
| 429 | Abdominal wall tumor Resection | 3A.429 | 2038 | 35000 |
| 430 | Abdominal wall Resection with reconstruction/mesh | 3A.430 | 2039 | 45000 |
| 431 | GI Stenting including stent cost | 3A.431 | 1205 | 40000 |
| 432 | Triple Bypass -GI Tract | 3A.432 | 1191 | 40000 |
| 433 | Hepatectomy (right or left) | 3A.433 | 1180 1181 | 85000 |
| 434 | Segmentectomy-Hepato Billiary System | 3A.434 | 1179 | 50000 |
| 435 | Substernal bypass | 3A.435 | 2018 | 35000 |
| 436 | Linear accelerator teletherapy, Definitive, 3DCRT/IMRT - for inoperable oesophagus cancer | 3A.436 | 2228 2227 | 75000 |
| 437 | Cisplatin/Carboplatin- 5FU (Per cycle) -Oesophageal CA | 3A.437 | 2128 | 6000 |
| 438 | Epirubicin+Cisplatin+5FU (Per cycle) | 3A.438 | 2128 | 8000 |
| 439 | Hepatoblastoma - Variable regime, max 6 cycles (per cycle) as per drug cost | 3A.439 | 2146 | 5000 |
| 440 | Docetaxel+Cisplatin+5FU OR Capcetabine + Oxaloplatin (Neoadjuvant Chemotherapy maximum 3 | 3A.440 | 2186 | 10000 |
| 441 | EOX (Epirubicin + Oxaloplatin + Capcetabine) - Max 6 cycles | 3A.441 | 2180 | 12000 |
| 442 | Monthly 5-Fluorouracil(FU) (Per cycle) -Colorectal cancer | 3A.442 | 2132 | 3000 |
| 443 | 5-Fluorouracil-Oxaliplatin -Leucovorin (FOLFOX)- Day 1 and 2; Max. 12 cycles for adjuvant (Per cycle) - | 3A.443 | 2134 | 8000 |
| 444 | 5-Fluorouracil-Oxaliplatin -Leucovorin (FOLFOX)- Day 1 and 2; Max. 6 cycles for palliative (Per cycle) - | 3A.444 | 2134 | 10000 |
| 445 | Imatinib -Max for 6 months (Per month) | 3A.445 | 2183 | 5000 |
| 446 | Gemcitabine+Cisplatin(Day 1,Day 8)-max 6 cycles (Per cycle) | 3A.446 | 2182 | 10000 |
| 447 | Tab Sorafenib- max 12 months (Per month) | 3A.447 | 2205 | 8000 |
| 448 | Oxiplatin+Capecitabine- max. of 6 cycles for palliative only or 8 cycles for adjuvant (Per cycle) | 3A.448 | 5 | 8000 |
| 449 | Second line palliative CT - FOLFERI (Day 1, 2 every 14 days) max 6 cycles OR CAPIRI (Capcetabine D1 -14, | 3A.449 | NA | 10000 |
| ONCOLOGY - GENITO URINARY SURGERY | | | | |
| 450 | Radical Nephrectomy - Open/Lap * | 3A.450 | 2042 | 45000 |
| 451 | Partial Nephrectomy | 3A.451 | 2041 | 55000 |
| 452 | Nephro- ureterectomy for Transitional Cell Carcinoma of renal pelvis (one side) | 3A.452 | 2043 | 45000 |
| 453 | Radical Cystectomy with Ileal conduit * | 3A.453 | 2047 | 75000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|-------------------------------|---|--------------------------|-----------|-------|
| 454 | Other cystectomies * | 3A.454 | 2046 | 40000 |
| 455 | High Orchidectomy * | 3A.455 | 2049 | 15000 |
| 456 | Bilateral Orchidectomy * | 3A.456 | 2102 | 15000 |
| 457 | Partial Penectomy * | 3A.457 | 2051 | 15000 |
| 458 | Total Penectomy * | 3A.458 | 2097 | 25000 |
| 459 | Inguinal Block Dissection-one side * | 3A.459 | 2115 2012 | 20000 |
| 460 | Inguinal Block Dissection-Bilateral | 3A.460 | 2116 | 40000 |
| 461 | Radical Prostatectomy with Bilateral pelvic lymph Node Dissection(BPLND) * | 3A.461 | 2048 | 75000 |
| 462 | Anterior Exenteration | 3A.462 | 2109 | 70000 |
| 463 | Total Exenteration | 3A.463 | 2110 | 75000 |
| 464 | Suprapubic Cystostomy | 3A.464 | 2045 | 10000 |
| 465 | Urinary diversion | 3A.465 | 2044 | 40000 |
| 466 | Adrenalectomy * | 3A.466 | 1980 1981 | 45000 |
| 467 | Retro Peritoneal Lymph Node Dissection(RPLND) | 3A.467 | 2013 | 80000 |
| 468 | Linear accelerator teletherapy, 3DCRT | 3A.468 | 2228 | 75000 |
| 469 | IMRT/VMAT/SBRT (Radical radiation alone for prostate) | 3A.469 | 2227 | 90000 |
| 470 | Linear accelerator, Curative less than 20 fractions | 3A.470 | 2224 | 20000 |
| 471 | Weekly Cisplatin/Carboplatin- max 6 cycles with RT (Per week) | 3A.471 | 2133 | 2000 |
| 472 | Gemcitabine+ Cisplatin(Day 1,Day 8)(Palliative /Adjuvant)-max 6 cycles (Per cycle) | 3A.472 | 2182 | 10000 |
| 473 | Hormonal therapy with Abiratarone- monthly | 3A.473 | 2126 | 8000 |
| 474 | Hormone therapy - Bicalutamide -50mg OD monthly (per month) | 3A.474 | 2126 | 5000 |
| 475 | Carboplatin(AUC more than 5) (Per cycle) | 3A.475 | 2145 | 5000 |
| 476 | Bleomycin-Etoposide-Cisplatin (BEP)- max cycles 4 (Per cycle) Germ cell tumours, extra gonadal tumour | 3A.476 | 2175 | 10000 |
| 477 | Taxol,Ifosphomide,Cisplatin/Carboplatin(TIP)/Vinblasti ne,Ifosphimide,Cisplatin(VeIP)- max cycles 4 (Per | 3A.477 | 2200 | 20000 |
| 478 | Tab Sorafenib-max 12 months (Per month) | 3A.478 | 2205 | 8000 |
| 479 | Palliative CT - (5FU + Cisplatin/Carboplatin) - Max 6 cycles (Per cycle) | 3A.479 | 2128 | 6000 |
| 480 | Palliative CT-Docetaxel- Max 6 cycles (Per cycle) | 3A.480 | 2201 | 9000 |
| 481 | Variable Regimen maximum 6 cycles (Per cycle)MVAC- Mitomycin, Vincristine, Adriamycin, | 3A.481 | 2140 | 8000 |
| 482 | Urinary bladder CA- Gemcitabine/Cisplatin as radio sensitizer weekly - max 8 weeks - (cost per week) | 3A.482 | 2182 | 2000 |
| ONCOLOGY - GYNAECOLOGY | | | | |
| 483 | Radical Trachelectomy | 3A.483 | 2056 | 40000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|-----------------------------------|--|--------------------------|------------------------|--------|
| 484 | Radical Hysterectomy +Bilateral Pelvic Lymph Node Dissection (BPLND) + Bilateral Salpingo Oophorectomy | 3A.484 | 2060 | 50000 |
| 485 | Anterior / Posterior Exenteration (Gynaec) | 3A.485 | 2061 2062 | 70000 |
| 486 | Total Pelvic Exenteration | 3A.486 | 2063 | 75000 |
| 487 | Bilateral pelvic lymph Node Dissection(BPLND) | 3A.487 | 2105 | 30000 |
| 488 | Surgery for Ca Ovary - early stage | 3A.488 | 2052 | 40000 |
| 489 | Surgery for Ca Ovary - advance stage with Mesenteric/Peritoneal/Omental Metastasis | 3A.489 | 2055 | 60000 |
| 490 | Radical vaginectomy | 3A.490 | 2065 | 40000 |
| 491 | Radical vaginectomy + Reconstruction | 3A.491 | 2066 | 45000 |
| 492 | Vulvectomy | 3A.492 | 2067 | 30000 |
| 493 | Linear accelerator teletherapy,Definitive, Neoadjuvant, Adjuvant 3DCRT/IMRT | 3A.493 | 2222 2224 2228 2227 | 50000 |
| 494 | Brachytherapy/ Interstitial LDR , adjuvant | 3A.494 | 2225 | 15000 |
| 495 | Cisplatin/Carboplatin (AUC2)- Max. of 6 cycles only (Per cycle) | 3A.495 | 2145 | 2000 |
| 496 | Carboplatin/Paclitaxel-max 6 cycles (Per cycle) | 3A.496 | 2145 | 12000 |
| 497 | Bleomycin-Etoposide-Cisplatin (BEP) (Per cycle) - Germ cell tumours, extra gonadal tumour | 3A.497 | 2156 | 10000 |
| 498 | Weekly Methotrexate (Per week) max. 10 cycles | 3A.498 | 2168 | 1000 |
| 499 | Actinomycin- max 10 cycles (Per cycle) | 3A.499 | 2172 | 1000 |
| 500 | Etoposide-Methotrexate-Actinomycin / Cyclophosphamide -Vincristine (EMA-CO)-max 6 | 3A.500 | 2174 | 8000 |
| 501 | Variable Regimen (Amount as per drug cost)- max 6 cycles (Per cycle) | 3A.501 | 2163 2165 | 8000 |
| 502 | Gemcitabine+ Carboplatin/ Liposomal Doxorubicin/ Albumin bound Paclitaxel (Adjuvant), max 6 cycles | 3A.502 | 2182 | 12000 |
| ONCOLOGY - BRAIN AND SPINE | | | | |
| 503 | X Knife, Gamma Knife, Cyber knife | 3A.503 | 1962 1963 | 90000 |
| 504 | Cobalt 60 External Beam Radiotherapy, Definitive+Tab Temozolomide along with RT | 3A.504 | 2220 2219,2198 | 35000 |
| 505 | Cobalt 60 teletherapy, Palliative | 3A.505 | 2220 | 10000 |
| 506 | Linear accelerator teletherapy, Definitive+Tab Temozolomide | 3A.506 | 2224,2222,2198 , | 55000 |
| 507 | Linear accelerator teletherapy, 3DCRT, Definitive along with +concurrent Tab Temozolomide along | 3A.507 | 2228, 2198, | 80000 |
| 508 | Linear accelerator teletherapy, IMRT /VMAT, Definitive along with +concurrent Tab Temozolomide | 3A.508 | 2227, 2198 | 105000 |
| 509 | Linear accelerator teletherapy, Palliative | 3A.509 | 2223 | 20000 |
| 510 | Palliative CT- Max 6 cycles (Per cycle) For Primary and secondary tumours | 3A.510 | 2163 | 8000 |
| 511 | Variable regimen - Max 6 cycles (Per cycle) | 3A.511 | 2163 2165 | 8000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|---------------------------------|---|--------------------------|------------|--------|
| 512 | Zoledronic acid - Max 12 cycles (Per month) | 3A.512 | 2163 | 3000 |
| 513 | Tab Temozolemid for 6 months (5days every month x 6 months) | 3A.513 | 2198 | 45000 |
| 514 | Growth Factor / Pegrafil (Per cycle) (Maximum 4 cycles) | 3A.514 | 2163, 2165 | 2000 |
| ONCOLOGY - HEAD AND NECK | | | | |
| 515 | Tracheal Resection and anastomosis | 3A.515 | 1996 | 18000 |
| 516 | Sternotomy + Superior Mediastinal Dissection | 3A.516 | 2004 | 12000 |
| 517 | Micro laryngeal Surgery including Phonosurgery | 3A.517 | 397, 398 | 11000 |
| 518 | Resection of Nasopharyngeal Tumor | 3A.518 | 1991 | 50000 |
| 519 | Myocutaneous / cutaneous flap | 3A.519 | 2093 | 25000 |
| 520 | Palatectomy | 3A.520 | 1989 | 30000 |
| 521 | Micro vascular reconstruction | 3A.521 | 2008 | 45000 |
| 522 | Temporal bone resection (Any Type) | 3A.522 | 2074 | 60000 |
| 523 | Composite Resection | 3A.523 | 2094, 2076 | 50000 |
| 524 | Composite Resection and Reconstruction | 3A.524 | 2094 | 65000 |
| 525 | Composite Resection + Micro vascular reconstruction | 3A.525 | 2094 2008 | 80000 |
| 526 | Neck Dissection - any type | 3A.526 | 2009 | 25000 |
| 527 | Hemiglossectomy | 3A.527 | 1985 | 25000 |
| 528 | Maxillectomy | 3A.528 | 2070 | 40000 |
| 529 | Parotidectomy | 3A.529 | 1987 | 40000 |
| 530 | Laryngectomy - any type, with neck node dissection | 3A.530 | 1993 2009 | 40000 |
| 531 | Voice Prosthesis | 3A.531 | NA | 40000 |
| 532 | Laryngopharyngo Oesophagectomy | 3A.532 | 1994 | 70000 |
| 533 | Hemimandibulectomy | 3A.533 | 2068 | 25000 |
| 534 | Wide excision of lesion | 3A.534 | 2101 | 25000 |
| 535 | Thyroidectomy any type | 3A.535 | 1978 | 25000 |
| 536 | Laser Surgery of Larynx | 3A.536 | NA | 30000 |
| 537 | Submandibular Gland Excision | 3A.537 | 1988 | 25000 |
| 538 | Parathyroidectomy | 3A.538 | 1979 | 30000 |
| 539 | Pharyngectomy & Reconstruction - Total | 3A.539 | 71 | 12000 |
| 540 | Parapharyngeal Tumour Excision | 3A.540 | 403 | 11000 |
| 541 | Linear accelerator (Photons) teletherapy, Adjuvant | 3A.541 | 2224 | 50000 |
| 542 | Linear accelerator teletherapy 3DCRT, Definitive, Adjuvant | 3A.542 | 2228 | 75000 |
| 543 | Linear accelerator teletherapy IMRT /VMAT, Definitive, Adjuvant | 3A.543 | 2227 | 100000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|---|---|--------------------------|-----------------------|-------|
| 544 | Brachytherapy/ Interstitial HDR one application, multiple doses Definitive/Boost | 3A.544 | 2226 | 30000 |
| 545 | Cobalt 60 External Beam Radiotherapy, Definitive | 3A.545 | 2219, 2221 | 20000 |
| 546 | Radioiodine Treatment < 100 Millicuries | 3A.546 | NA | 20000 |
| 547 | Radioiodine Treatment > 100 Millicuries | 3A.547 | NA | 30000 |
| 548 | Cisplatin/Carboplatin (AUC2) along with RT- max 6 cycles (Per cycle) | 3A.548 | 2173, 2202 | 2000 |
| 549 | Carboplatin/cisplatin + Paclitaxel/Docetaxel (Neoadjuvant Chemotherapy)-Max. of 4 cycles only | 3A.549 | 2145 | 12000 |
| 550 | Cisplatin + 5 FU(Neoadjuvant Chemotherapy)/Palliative - Max. of 4 cycles only (Per | 3A.550 | 2128, 2130, 2135 | 6000 |
| 551 | Cisplatin + 5FU + Taxol/Docitaxel (only hypopharynx) | 3A.551 | 2184 | 11000 |
| 552 | Palliative CT (Paclitaxel + Cisplatin or 5 FU + Cisplatin) - Max 6 cycles (Per cycle) | 3A.552 | 2163 | 8000 |
| 553 | Palliative CT 1. Docetaxel + Cisplatin / Carboplatin. 2. Gemcitabine D1& D8 + Cisplatin / Carboplatin - | 3A.553 | 2182 | 10000 |
| 554 | Tab Gefitinib/Erlotinib-Max 1 Year (Per month) | 3A.554 | 2176, 2177 | 6000 |
| 555 | Tab Sorefinib- max 12 months (Per month) | 3A.555 | 2205 | 8000 |
| ROBOTIC SURGERY - ALLOWED IN SELECTED CENTRES ONLY | | | | |
| 556 | Prostate surgery (Code 592) - additional cost | 3A.556 | NA | 25000 |
| 557 | Nephrectomy – partial (Code 660)- additional cost | 3A.557 | NA | 25000 |
| 558 | Low AR and APR (Code 638, 639) - additional cost | 3A.558 | NA | 25000 |
| 559 | Radical hysterectomy for CA cervix and CA endometrium (Code 648)- additional cost | 3A.559 | NA | 20000 |
| POST ONCOLOGY FOLLOW-UP | | | | |
| OF1 | Post Oncology Follow up-1 | 3A.OF1 | NA | 500 |
| OF2 | Post Oncology Follow up-2 | 3A.OF2 | NA | 600 |
| OF3a | Post Oncology Follow up-3 | 3A.OF3a | NA | 600 |
| OF3b | Post Oncology Follow up-3 with CECT | 3A.OF3b | NA | 50000 |
| POLYTRAUMA | | | | |
| 560 | Tendon injury requiring repair moderate | 3A.560 | 2231,989,968,965, 960 | 10000 |
| 561 | Tendon injury requiring repair major | 3A.561 | 967968 | 20000 |
| 562 | Nerve injuries minor | 3A.562 | 2231, 953,1868,1904 , | 15000 |
| 563 | Nerve injuries major | 3A.563 | 952, 954, 955, 1931 | 20000 |

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| S. No | Annexure 3 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|-------|--|--------------------------|-----------------------|--------|
| 564 | Nerve plexus injuries | 3A.564 | 1000 , 1866 , 1867 | 50000 |
| 565 | Vascular peripheral/minor injuries | 3A.565 | 2231, | 10000 |
| 566 | Vascular central/severe injuries(major) | 3A.566 | 2231 | 50000 |
| 567 | Flap surgery (Simple) | 3A.567 | 2542 | 15000 |
| 568 | Complex flap surgery | 3A.568 | 2364, 2365 | 30000 |
| 569 | Visceral injuries moderate | 3A.569 | 610 | 40000 |
| 570 | Visceral injuries severe | 3A.570 | 510611 | 60000 |
| 571 | Chest injuries with ICD bilateral | 3A.571 | 2002, 1471, 2977 | 11000 |
| 572 | Chest injuries with ICD + ICU | 3A.572 | 2391, 2398 , | 20000 |
| 573 | Chest injuries with ICD + ICU + Ventilator | 3A.573 | 2398 , | 26600 |
| 574 | Acetabular definitive treatment | 3A.574 | 1036, | 26600 |
| 575 | Illizarov/Orthofix/hybrid external fixator application | 3A.575 | 2961, 1125, 1061 | 26600 |
| 576 | Skin Grafting Major- Injuries(Add on code) | 3A.576 | 2352, 2354, 961 | 18000 |
| 577 | Arthroscopic BANKARTS Repair for recurrent dislocation of shoulder (without cost of suture anchors)** | 3A.577 | 986 | 16600 |
| 578 | Total knee replacement(Unilateral) Procedure + Impant including cement cost. Incase of bilateral in same sitting only implant cost will be paid. In case of next sitting 50% of procedure cost & implant will be paid.** | 3A.578 | 942, 949, 950 | 65000 |
| 579 | Total hip replacement Uncemented implant(Procedure cost + implant cost)** | 3A.579 | 947, 948 | 69100 |
| 580 | Total hip replacement cemented implant((Procedure cost + implant cost)** | 3A.580 | 947, 948 | 60100 |
| 581 | Total hip replacement Hybrid ((Procedure cost + implant cost)** | 3A.581 | 947, 948 | 100000 |

* Procedures requiring Follow Up as per Annexure 3

** Super speciality procedures that shall be restricted to PHIs and Medical colleges (Public & Private)

Annexure 9

Government Order No. HFW 91 CGE 2017

Package Rate List for Emergency Healthcare Treatments

| Sl. No. | Annexure 4 Procedures | Arogya Karnataka Code | CEA Code | Rates |
|---------------------------|---|--------------------------|---------------------------|--------|
| TERTIARY EMERGENCY | | | | |
| BURNS | | | | |
| 1 | Second degree burns - Thermal (16% to 30%) | 4A.1 | 2263, 2264 | 25000 |
| 2 | Second degree burns - Thermal (30% to 50%) | 4A.2 | 2249, 2250, 2242, 2243 | 50000 |
| 3 | Between 50% to 60% Burns - Thermal | 4A.3 | 2244, 2245 | 70000 |
| 4 | More than 60% Burns - Thermal | 4A.4 | 2245 | 100000 |
| 5 | Chemical Burns/Acid Burns (Moderate) (Grafting not required) | 4A.5 | 537 | 30000 |
| 6 | Chemical Burns (Severe) | 4A.6 | 537 | 75000 |
| 7 | Electrical Burns(Moderate) | 4A.7 | 2255 | 30000 |
| 8 | Electrical Burns(Severe) | 4A.8 | 2255 | 70000 |
| 9 | Any degree burn with inhalational injury, with 72 hours ventilator support | 4A.9 | 2857 | 60000 |
| CARDIOLOGY | | | | |
| 10 | Coronary Balloon Angioplasty/PTSMA* | 4A.10 | 2961 | 30000 |
| 11 | PTCA - one stent (non-medicated, emergency, inclusive of angiogram) at the same admission. * | 4A.11 | 1286, 1287 | 48000 |
| 12 | PTCA - one Drug Eluting stent (emergency, inclusive of angiogram) at the same admission. * | 4A.12 | 1286, 1287 | 60000 |
| 13 | PTCA - two bare metal stents (non-medicated, emergency, inclusive of angiogram) at the same admission. * | 4A.13 | 1288, 1289 | 55000 |
| 14 | PTCA - two Drug Eluting stents (emergency, inclusive of angiogram) at the same admission. * | 4A.14 | 1288, 1289 | 85000 |
| 15 | Medical treatment of Acute MI with Thrombolysis | 4A.15 | 2720 | 15000 |
| 16 | Arrhythmias | 4A.16 | 2725, 2726 | 7000 |
| 17 | Stuck valve with Thrombolysis | 4A.17 | 1960 | 20000 |
| 18 | Medical management of unstable angina/non STS | 4A.18 | 2730, 2731 | 7500 |
| 19 | Cardiac failure | 4A.19 | 2670, 2672, 2674 | 7500 |
| 20 | CVA secondary to Cardiac conditions | 4A.20 | 1337, 2603, 2604 | 10000 |
| 21 | Emergency dialysis for cardiac conditions | 4A.21 | 1791, 1792 | 15000 |
| 22 | ICU with ventilator with dialysis | 4A.22 | 2646 | 15000 |

| | | | | |
|--|--|-------|------------------|--------|
| 23 | Acute respiratory distress - ventilator support | 4A.23 | 2560, 2561 | 15000 |
| 24 | Pulmonary edema | 4A.24 | 2732 | 10000 |
| 25 | Laryngoscopy / Bronchoscopy with dilatation of trachea with gum elastic bogie | 4A.25 | NA | 5000 |
| 26 | Intercostal Drainage and Management of ICD, Intercostal Block, Antibiotics & Physiotherapy | 4A.26 | 1407 | 15000 |
| 27 | Temporary Pacemaker implantation | 4A.27 | 1307, 1308 | 10000 |
| 28 | Creation of AV fistula for dialysis | 4A.28 | 1346, 1347 | 7500 |
| 29 | Pericardiostomy with balloon | 4A.29 | 1298 | 20000 |
| 30 | Pericardiocentesis | 4A.30 | 1297 | 10000 |
| 31 | Thrombolysis for peripheral ischemia | 4A.31 | 1960 | 30000 |
| CARDIO THORACIC SURGERY | | | | |
| 32 | Foreign Body Removal with scope | 4A.32 | 296 | 20000 |
| 33 | Surgery for Cardiac Tumour/ Left Atrial (LA) Myxoma/ Right Atrial (RA) Myxoma | 4A.33 | 1300 | 95000 |
| 34 | Lung Injury repair | 4A.34 | 1394 | 50000 |
| 35 | Management of Mediastinitis / mediastinal bleeding | 4A.35 | 1395 | 40000 |
| GENITO URINARY | | | | |
| 36 | Hemodialysis for acute kidney injury (initiation phase) | 4A.36 | 1789, 1791, 1792 | 5000 |
| 37 | Subsequent Hemodialysis - per session | 4A.37 | 1789, 1791, 1792 | 1000 |
| 38 | Acute kidney injury without hemodialysis, inclusive of pre-op inv, post-op inv, procedure | 4A.38 | 2644, 2646, | 10000 |
| 39 | Acute kidney injury with hemodialysis, inclusive of pre-op inv, post-op inv, procedure | 4A.39 | 2645 | 25000 |
| 40 | Trochar SPC FOR ARU/Acute Urethral injury | 4A.40 | 1606 | 2000 |
| 41 | Reduction of Paraphimosis | 4A.41 | 248 | 1500 |
| NEONATAL AND PAEDIATRIC SURGERY | | | | |
| 42 | Bronchoscopy for foreign body removal | 4A.42 | 428, 1405, 1565 | 25000 |
| 43 | Airway Reconstruction for benign conditions | 4A.43 | 1458 | 50000 |
| 44 | Anorectal Malformations Stage 1 | 4A.44 | 1501, 1495 | 35000 |
| 45 | Neonatal Intestinal Atresias | 4A.45 | 1490 | 110000 |
| 46 | Paediatric intestinal obstruction >1month | 4A.46 | 112 | 65000 |
| 47 | Laparotomy for peritonitis | 4A.47 | 1488, 1489 | 50000 |
| 48 | Omphalocele-Major/Gastroschisis | 4A.48 | 1478, 1479 | 70000 |
| 49 | Intussusception operative reduction | 4A.49 | 1493 | 30000 |
| 50 | Bowel resection and anastomosis | 4A.50 | 88 | 55000 |
| 51 | Exstrophy Bladder Stage 1 | 4A.51 | 1605 | 80000 |
| NEUROSURGERY | | | | |
| 52 | Craniotomy and Evacuation of Haematoma - Subdural * | 4A.52 | 1828 | 60000 |
| 53 | Craniotomy and Evacuation of Haematoma - Extradural * | 4A.53 | 1829 | 50000 |

| | | | | |
|---------------------------------------|---|-------|------------|----------|
| 54 | Ventriculoatrial /Ventriculoperitoneal Shunt | 4A.54 | 1947 | 27000 |
| 55 | Subdural Tapping/Burr | 4A.55 | 1824 | 18000 |
| 56 | Twist Drill Craniostomy | 4A.56 | 1823 | 15000 |
| 57 | Abscess Tapping multiple | 4A.57 | 1826 | 20000 |
| 58 | Excision of Brain Abscess | 4A.58 | 1831, 1832 | 50000 |
| 59 | External Ventricular Drainage (EVD) | 4A.59 | 1855 | 15000 |
| ONCOLOGY | | | | |
| 60 | IV antibiotics and other supportive therapy For Febrile Neutropenia (Per episode) | 4A.60 | 2169 | 10000 |
| 61 | Exploratory laparotomy | 4A.61 | 346 | 20000 |
| SECONDARY EMERGENCY PROCEDURES | | | | |
| BURNS | | | | |
| 62 | Electric Shock | 4A.62 | 2255 | 4000 |
| ENT | | | | |
| 63 | Peritonsillar abscess under LA | 4A.63 | 420 | 1500 |
| 64 | Removal of foreign body from Ear | 4A.64 | 393 | 650 |
| 65 | Fracture reduction of nasal bone | 4A.65 | 2279 | 5000 |
| 66 | Removal of foreign body from Nose | 4A.66 | 466 | 650 |
| GENERAL EMERGENCY | | | | |
| 67 | Drowning | 4A.67 | NA | 4000 |
| 68 | Bullgore Injury | 4A.68 | NA | 4000 |
| 69 | Injuries caused while operating agricultural equipments | 4A.69 | NA | 4000 |
| GENERAL MEDICINE | | | | |
| 70 | Acute meningitis - fungal | 4A.70 | 2753 | 750/Day |
| 71 | Acute meningitis - pyogenic | 4A.71 | 2752 | 750/Day |
| 72 | Acute Myocardial infarction (conservative management) | 4A.72 | 2720 | 750/Day |
| 73 | Acute renal failure | 4A.73 | 2745 | 750/Day |
| 74 | Acute renal failure (plus dialysis) - maintenance dialysis | 4A.74 | 2745, 2748 | 750/Day |
| 75 | Acute respiratory failure (including ventilator) | 4A.75 | 2776 | 3500/Day |
| 76 | Intracerebral haemorrhage (ICU) | 4A.76 | 1976 | 750/Day |
| 77 | Mngt of Hemorrhagic Stroke/Strokes | 4A.77 | 2604 | 750/Day |
| 78 | Subarachnoid haemorrhage (ICU) - Conservative management | 4A.78 | 2602 | 750/Day |
| 79 | Acute Exacerbation of COPD | 4A.79 | 2854 | 750/Day |
| 80 | Acute Hypertension - medical management | 4A.80 | 2592, 2621 | 750/Day |
| 81 | Asthma Acute Status | 4A.81 | 2856, 2668 | 750/Day |
| 82 | Chicken pox- complicated | 4A.82 | NA | 750/Day |
| 83 | COPD+ Respiratory Failure | 4A.83 | 2558, 2557 | 750/Day |
| 84 | Food poisoning | 4A.84 | NA | 750/Day |
| 85 | Heat stroke | 4A.85 | NA | 750/Day |

| | | | | |
|----------------------------|---|--------|------------|---------|
| 86 | Malaria - complicated | 4A.86 | 2566 | 750/Day |
| 87 | Management of Pneumothorax | 4A.87 | 2638 | 750/Day |
| 88 | Scorpion sting | 4A.88 | 2675 | 750/Day |
| 89 | Transforaminal Block | 4A.89 | NA | 750/Day |
| 90 | Upper GI bleeding (conservative) | 4A.90 | 2901 | 750/Day |
| 91 | Control of diabetic ketoacidosis | 4A.91 | 2629 | 750/Day |
| 92 | Cerebral infarction | 4A.92 | 2604 | 750/Day |
| 93 | Emphysema Acute Exacerbation | 4A.93 | 2608 | 750/Day |
| 94 | Mngt of Ischemic Strokes | 4A.94 | 2762 | 750/Day |
| 95 | Dengue haemorrhagic fever | 4A.95 | 2585 | 750/day |
| 96 | Dengue h'agic fever (plus packed cell transfusion) | 4A.96 | 2585 | 750/Day |
| 97 | Hyper Osmolar Non Ketotic Coma | 4A.97 | NA | 750/Day |
| 98 | Meningitis | 4A.98 | 2613, 2624 | 750/Day |
| 99 | Other Coagulation disorders (plus blood tranfusion units costs) | 4A.99 | 2569 | 750/Day |
| 100 | Septic shock | 4A.100 | 2562 | 750/Day |
| 101 | Septicemia | 4A.101 | 2661, 2662 | 750/Day |
| 102 | Viral meningitis | 4A.102 | 2613 | 750/Day |
| 103 | Accidental orgono phosphorus poisoning | 4A.103 | 2563 | 750/day |
| 104 | Acute asthamic attack | 4A.104 | 2856 | 750/Day |
| 105 | Status epilepsy | 4A.105 | 2764 | 750/Day |
| 106 | Staus asthmaticus | 4A.106 | 2856 | 750/Day |
| 107 | TB Meningitis | 4A.107 | 2565 | 750/Day |
| 108 | Tetanus | 4A.108 | 2622 | 750/Day |
| 109 | Snake bite | 4A.109 | 2687 | 10500 |
| GENERAL PAEDIATRICS | | | | |
| 110 | Medical Management of Cerebral Malaria (Falciparum) | 4A.110 | 2566, 2692 | 750/Day |
| 111 | Medical Management of Convulsive Disorders/Status Epilepticus (Fits)in Paediatric | 4A.111 | 2684, 2632 | 750/Day |
| 112 | Medical Management of Encephalitis / Encephalopathy in Paediatric patient | 4A.112 | 2631 | 750/Day |
| 113 | Medical Management of Neuro Tuberculosis With Ventilation in Paediatric patient | 4A.113 | 2626 | 750/Day |
| 114 | Multi System Organ Failure | 4A.114 | 2680, 2564 | 750/Day |
| 115 | Kerosene Ingestion | 4A.115 | NA | 750/day |
| 116 | Suspected Dengue Shock Syndrome With Thrombocytopenia | 4A.116 | 2585 | 750/Day |
| 117 | Medical Management of Acute Renal Failure in Paediatric patient | 4A.117 | 2644 | 750/day |
| 118 | Medical Management of Acute Renal Failure With Dialysis in Paediatric patients | 4A.118 | 2645 | 1500 |
| 119 | Acute Stridor/Foreign Body Obstruction | 4A.119 | NA | 750/day |
| GENERAL SURGERY | | | | |
| 120 | Radical fronto ethmo sphenodectomy | 4A.120 | 446 | 15500 |

| | | | | |
|-----------------------------------|---|--------|----------------------|---------|
| 121 | Intestinal perforation | 4A.121 | 110 | 9000 |
| 122 | Intestinal Obstruction | 4A.122 | 112 | 9000 |
| 123 | Intussusception | 4A.123 | 1493 | 12500 |
| 124 | Gastric Perforation | 4A.124 | 92, 93 | 12500 |
| OBSTETRICS AND GYNAECOLOGY | | | | |
| 125 | Eclampsia With Complications | 4A.125 | 810 | 15000 |
| 126 | Eclampsia With Complications Requiring Ventilatory Support | 4A.126 | 810 | 28000 |
| 127 | Abruptio-Placenta With Coagulation Defects(Disseminated Intravascular Coagulation (DiC)) | 4A.127 | 792 | 25000 |
| 128 | Tension free Vaginal Tape (TVT) Repair (Stress Urine Incontinence) {Non incl. implant} | 4A.128 | 753 | 15000 |
| 129 | Open Ectopic Gestation | 4A.129 | 803 | 15000 |
| 130 | Manual Removal of Placenta | 4A.130 | NA | 4250 |
| 131 | Emergency Casearean delivery - To be provided in private hospital only when a PHI in same taluka does not has the medical capability. | 4A.131 | 787 | 6900 |
| 132 | Repair of post coital tear, perineal injury | 4A.132 | 823 | 2750 |
| 133 | Laprotomy for ectopic repture | 4A.133 | 745, 746 | 12750 |
| 134 | Perforation of Uterus after D/E laprotomy and closure | 4A.134 | 728 | 12750 |
| 135 | Broad Ligment Haemotoma drainage | 4A.135 | 828 | 7650 |
| OPHTHALMOLOGY | | | | |
| 136 | Perforating corneo - Scleral Injury | 4A.136 | 488 | 6600 |
| 137 | Acid and alkali burns | 4A.137 | 537 | 750/Day |
| POLYTRAUMA - RTA | | | | |
| 138 | Deglove injury of extremities | 4A.138 | 2360, 2390 | 12000 |
| 139 | Inter costal drainage (icd) one side | 4A.139 | 1406, 2002, 2977, 17 | 8000 |
| 140 | Inter costal drainage (icd) bilateral (flail chest) | 4A.140 | 1406, 2002, 2977, 17 | 11000 |
| 141 | Inter costal drainage (icd) bilateral (flail chest) with icu stay | 4A.141 | 1406, 2002, 2977, 17 | 12000 |
| 142 | Inter costal drainage (icd) bilateral (flail chest) with icu stay with ventilator | 4A.142 | 1406, 2002, 2977, 17 | 14000 |
| 143 | Blunt injury abdomen with icu stay | 4A.143 | NA | 12000 |
| 144 | Supra pubic cystostomy in fracture pelvis | 4A.144 | 1734, 2045 | 8000 |
| 145 | Immobilization for suspected spine injuries | 4A.145 | 1013 | 2000 |
| 146 | Spine injuries - with ct/mri | 4A.146 | 1013 | 7000 |
| 147 | Tracheostomy | 4A.147 | 1995 | 5000 |
| 148 | Head injury with icu (conservative)) | 4A.148 | NA | 7000 |

| | | | | |
|-------------------|--|--------|------------------|-------|
| 149 | Head injury with icu stay (with ventilator) | 4A.149 | NA | 15000 |
| 150 | Head injury with minimal surgical intervention | 4A.150 | NA | 25000 |
| 151 | RTA injuries associated with burns (conservative management) | 4A.151 | 2360 | 4000 |
| 152 | Simple/Compound fracture with fixator along with implants for bones of Foot & Hand | 4A.152 | 2364, 2383, 2386 | 12000 |
| 153 | ICU stay other than head injury | 4A.153 | 2392, 2393 | 4000 |
| POLYTRAUMA | | | | |
| 154 | Fasciotomy of upper and lower limb for compartment syndrome | 4A.154 | 956, 957, 958 | 15000 |

Annexure 10A

G.O. No. HFW 91 CGE 2017 dated 1.3.2018

Arogya Karnataka

List of Hospitals for Implementation within 15.3.2018

| Sl. No. | District | Hospital |
|---------|------------------|--|
| 1 | Bangalore | K.C. General Hospital |
| 2 | Bangalore | PMSSY Super Speciality Hospital, BMCRI |
| 3 | Bangalore | Sri Jayadeva Institute of Cardiovascular Sciences and Research |
| 4 | Bellary | VIMS Bellary Medical College |
| 5 | Dakshina Kannada | WENLOCK Hospital Mangalore |
| 6 | Dharwad | KIMS Hospital Hubli |
| 7 | Kalaburgi | Kalaburgi Medical College Hospital |
| 8 | Kolar | Kolar District Hospital |
| 9 | Mandya | Mandya Medical College Hospital |
| 10 | Shimoga | Shimoga Medical College Hospital |

Annexure 10 B

G.O. No. HFW 91 CGE 2017, dated 1.3.2018

Arogya Karnataka**List of Hospitals for implementation within 30.06.2018**

| Sl.No. | District | Name of the Hospital |
|--------|---------------|--|
| 1. | Bangalore U | Bowring Lady Curzon |
| 2. | | Ghosha Hospital |
| 3. | | Vani Vilas Hospital |
| 4. | | Victoria Hospital |
| 5. | | Minto Hospital |
| 6. | | CV Raman Indiranagar, Govt., Hospital |
| 7. | | Jayanagar Govt., Hospital |
| 8. | Belagavi | Belgaum Medical College |
| 9. | Bidar | Bidar Medical College |
| 10. | Chamarajnagar | Chamarajnagar Medical College |
| 11. | Gadag | Gadag Medical College |
| 12. | Hassan | Hassan Medical College |
| 13. | Kodagu | Kodagu Medical College |
| 14. | Koppal | Koppal Medical College |
| 15. | Mysuru | Cheluvamba |
| 16. | | KR Hospital |
| 17. | | Prince Krishnarajkumari Tuberculosis Hospital (PKTB) |

| Sl.No. | District | Name of the Hospital |
|--------|------------------|---|
| 18. | Raichur | Raichur Medical College |
| 19. | Uttar Kannada | Karwar Medical College |
| 20. | Bagalkote | District Hospital, Bagalkote |
| 21. | Ballary | District Hospital, Ballary |
| 22. | Vijayapura | District Hospital, Vijayapura |
| 23. | Chikkaballapura | District Hospital, Chikkaballapura |
| 24. | Chikkamagalur | District Hospital, Chikkamagalur |
| 25. | Chitradurga | District Hospital, Chitradurga |
| 26. | Dakshina Kannada | Lady Goshen Hospital, Mangalore |
| 27. | Davanagere | Chigateri District Hospital, Davanagere |
| 28. | | Mother and Child Hospital, Davanagere |
| 29. | Haveri | District Hospital, Haveri |
| 30. | Ramanagara | District Hospital, Ramanagara |
| 31. | Tumakuru | District Hospital, Tumakuru |
| 32. | Udupi | District Hospital, Udupi |
| 33. | Yadgir | District Hospital, Yadgir |

PR. 246
SC. 150

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